NOTICE OF DISPUTE — STAGE 2

Clause 1.11.2(b), Queensland Public Health Sector Certified Agreement (No. 12) 2025

To	Ms Noelle Cridland, Health Service Chief Executive, Metro South Health — as the appropriate management representative under clause 1.11.2(b), for the reasons at paragraph 2
Copied to	Ms Jacqui Roberts, Principal Consultant, Human Resources, Logan and Beaudesert Health Service · Ms Emily Petering, Together Queensland · Metro South Correspondence
Employee	Cory Shepherd, employee number 388372 — AO3, Switchboard Services, Logan Hospital. Permanent full-time, 76 hours per fortnight. Together Queensland member and endorsed workplace delegate.
Date	3 September 2026
Matter	Attendance, roster, leave and pay from 26 June 2026 (MSH-INJ-5795)

1. THE REFERRAL

I refer this dispute to Stage 2 under clause 1.11.2(b) of the Agreement, and ask that a conference of the parties be arranged. I ask that Together Queensland attend with me.

A Stage 1 notice was given on 3 August 2026. On 4 August 2026 Ms Taylor acknowledged that the 24-hour requirement in clause 1.11.2(a) "will not be achieved", confirmed the dispute was under review, and undertook that I would be contacted on completion of the review. The seven days allowed by clause 1.11.2(a) expired on 10 August 2026. No outcome of Stage 1 has ever been communicated to me.

I earlier referred the matter to Stage 2 and withdrew that referral on 28 August 2026, in order to work through the issues directly with Ms Roberts. In doing so I withdrew the referral only, and recorded that my concerns regarding pay, the leave debited since 3 July 2026 and the adjustments in the Employee Capability Checklist of 3 July 2026 remained unresolved and in dispute. They remain unresolved, and the position has worsened since.

The matter can be put shortly. I have been absent from the workplace since 3 July 2026 because I was directed not to attend. On each day of that absence a leave type has been selected and entered on my record on my behalf. Of the leave types available, three produce a payment and one does not. The one that does not has been selected on every day since 3 July 2026 — after I instructed in writing on that day that annual leave was to be applied; after every objection I have made since; and again on 4 August 2026, on the very day the Health Service itself identified the paid alternative and undertook to apply it. That is why I have not been paid.

2. WHY THIS REFERRAL IS MADE TO YOU

Clause 1.11.2(b) requires the matter to be referred to "the appropriate management representative". Stage 1 was conducted with my immediate supervisor, as clause 1.11.2(a) provides. I refer Stage 2 to you because two of the matters in dispute cannot be decided below your office.

Special leave is a chief executive's power. Directive 12/24, which applies to every employee covered by the Agreement through clause 9.12, provides at clause 6.1 that "a chief executive may approve paid leave for employees for any purpose", and at clause 6.5 that "in determining an application for leave under clause 6.1 or clause 6.2, a chief executive must consider" the reason for the leave, its duration, and the impact on the employee if it is not approved. Section 6 of HR Policy C13 records that the delegate for a decision of this kind is the officer listed in the HR Delegations Manual. I applied for special leave on full pay on 28 July and again on 5 August 2026. It has never been determined. No officer below your office, or your delegate under the HR Delegations Manual, is able to determine it.

A decision on special leave would resolve the immediate position on its own. It is paid at full pay, and under Directive 12/24 it is not debited from any leave account. Granting it would therefore restore my income and leave my accrued entitlements intact. It would not require the Health Service to determine the leave coding, the hours at which leave has been applied, the long service leave eligibility date, or the basis of the direction that I not attend — each of which would remain in dispute and can be dealt with at the conference. It is the one decision in this matter that can be made now, by one office, and it requires no view to be taken on any of the others.

No instrument or officer has ever been identified for the direction that I not attend. I asked for both in the Stage 1 process on 4 August 2026 and have asked since. The identification of the delegate and the instrument, or the making of a decision, sits at executive level.

I do not ask that you convene the conference personally. If you nominate a representative to hold it and to decide the matters within their delegation, I will attend with them, and I ask only that the matters reserved to the chief executive be determined by you or by your delegate under the HR Delegations Manual.

3. THE MATTERS IN DISPUTE

1. **Pay.** I have received no wages since 13 July 2026 — fifty-two days, and three pay days at nil: 29 July, 12 August and 26 August 2026. I have been ready, willing and available throughout, and certified fit with restrictions on the Health Service's own form since 3 July 2026.
2. **The direction not to attend.** I have been held out of the workplace since 3 July 2026. I asked in the Stage 1 process on 4 August 2026 for the instrument authorising that direction, and have asked repeatedly since. It has never been identified, and no written decision returning me to work or declining to has ever been issued.
3. **The leave coding, and how the payment became nil.** Each "Sick Leave – No Pay" entry is a positive act — a leave type selected from those available and submitted on my behalf. The alternatives were available, and they were known to the officer entering them: on 4 August 2026 Ms Taylor identified my recreation leave balance at 41.21 hours and undertook that, absent a response, she would apply it "to ensure you receive the available paid leave entitlement for this period". The pay advice for that fortnight records "NP Sick Leave" 76.00 hours and gross pay of $0.00. Section 6 of HR Policy C13 permits leave to be submitted on an employee's behalf only where the employee's request for leave "is documented in writing" and the supporting documents "are sourced and retained". My written requests are for annual leave (3 July 2026) and special leave on full pay (5 August 2026). There is no written request for sick leave without pay, and on 31 August 2026 I confirmed in terms that I was not applying for personal leave. My leave record shows these not as a single standing code but as **discrete daily requests, each separately entered and separately approved** — among them "SICK LEAVE - NO PAY (03.08.2026 - 03.08.2026)" and "SICK LEAVE - NO PAY (04.08.2026 - 04.08.2026)", each marked APPROVED. The second of those was entered for 4 August 2026 — the same day on which Ms Taylor wrote that she was required to process leave on my behalf, identified my recreation leave balance at 41.21 hours, and undertook to apply it. On that day four courses were open: annual leave, which I had requested on 3 July; recreation leave, which she had identified and undertaken to apply; special leave on full pay, which I requested the following morning; and, within the very category selected, paid sick leave, of which I held a balance. The course entered and approved was the unpaid variant — the only one of the four which produces no payment. I have at no point declined to be paid: on 5 August 2026 I declined only that the absence be funded out of my own accrued recreation leave, and asked in the same sentence that special leave on full pay be applied instead.
4. **Special leave.** My application for special leave on full pay under Directive 12/24, made on 28 July and 5 August 2026, has been neither granted nor refused.
5. **Hours.** Leave was applied on 31 August 2026 at "0.5 FTE". The last reduced-hours arrangement expired on 28 June 2026 and nothing replaced it. The Health Service's own Request for Medical Information of 31 July 2026 describes my employment as "Permanent Full-time (76 hours per fortnight)".
6. **Long service leave.** On 4 September 2026 Payroll confirmed that I commenced on 25 March 2019 and that my long service leave eligibility would ordinarily arise on 25 March 2026, and advised a corrected date of 29 September 2026 after excluding three periods of leave without pay: 18 May to 10 June 2022; 21 June to 20 September 2024; and 13 December 2024 to 23 February 2025. My accrued balance is 342.5518 hours. The second of those periods is the period during which I was certified unfit and my application for workers' compensation was lodged and rejected, and that rejection is under appeal. I ask that the basis on which that period was recorded as leave without pay be identified, and that the calculation be reconciled against my leave record, which records leave without pay on scattered days in May and June 2022 rather than as a continuous period, records the first such day in 2024 as 10 June, and records further such days between March 2025 and May 2026 which do not appear in the calculation.
7. **Consultation and risk.** The workplace psychosocial risk assessment sought under clause 7.2 on 28 July 2026 has not been conducted, and the task-by-task match of the role description against the Employee Capability Checklist, sought the same day, has not been produced.

4. THE AGREEMENT'S REQUIREMENTS

Clause 1.11.4 provides that "the status quo existing before the emergence of a dispute is to continue whilst the procedure is being followed". The status quo before 3 August 2026 was that I was employed, at 76 hours per fortnight, and paid. That has not been maintained: since the dispute was notified, my absence has been coded to a leave type that pays nothing, leave has been applied at half my hours, and my long service leave eligibility has been deferred.

Clause 1.11.5 provides that "no party shall act in a manner unreasonably or intentionally delay the timely resolution of a dispute".

Clause 1.11.2(b) provides that the Stage 2 process "should not extend beyond seven days". I ask that the conference be arranged and held on or before **Wednesday 10 September 2026**.

5. WHAT I SEEK

1. A determination of my application for special leave on full pay from 3 July 2026, by you or by your delegate under the HR Delegations Manual, in writing, with reasons addressing the considerations in clause 6.5 of Directive 12/24.
2. Payment of the wages withheld since 13 July 2026; alternatively, the leave I have applied for entered without debit to my accrued credits, and the ad hoc payment pending under enquiry 4471091 processed against it.
3. Correction of the leave coding from the first date it was applied, and before long service leave eligibility is recalculated in the leave audit opened on 3 September 2026.
4. Leave and pay applied at 76 hours per fortnight, or the instrument relied on for any lesser figure.
5. A written decision either returning me to work within the restrictions recorded on 3 July 2026 by a stated date, or declining to, identifying the instrument relied on and the officer who decided it.
6. A copy of the written request and supporting documents on which each "Sick Leave – No Pay" entry since 3 July 2026 was made, as required by section 6 of HR Policy C13.
7. The workplace psychosocial risk assessment sought under clause 7.2 on 28 July 2026, and the task-by-task match of the role description against the Employee Capability Checklist sought the same day.

6. IF THE DISPUTE REMAINS UNRESOLVED

If the dispute is not resolved at Stage 2, I reserve my position under clause 1.11.2(c) to refer the matter to the EB12 Implementation Group, and under clause 1.11.2(d) to refer it to the Queensland Industrial Relations Commission.

Everything I have applied for remains on the basis set out at paragraph 4 of my application of 31 August 2026 — under protest and subject to re-credit. I remain certified fit with restrictions and available to work.

This notice concerns my employment only. My appeal in the Queensland Industrial Relations Commission is a separate proceeding and nothing in this notice forms part of it.

Attached, and forming part of this notice: "The employment record — analysis, complete chronology and original documents". It sets out what the record shows, a chronology of every communication event on this matter from February to 3 September 2026, and behind it, in fifty-one tabs, the original documents themselves — the movement forms, the Employee Capability Checklist, the Request for Medical Information and its attachments, the Stage 1 notice and its acknowledgement, the pay advice, the payroll and leave records, and the whole of the correspondence. Nothing in it has been retyped.

Cory Shepherd

Employee number 388372 · 0417 400 227 · coryshepherd1@hotmail.com

THE EMPLOYMENT RECORD — ANALYSIS, COMPLETE CHRONOLOGY AND ORIGINAL DOCUMENTS

Cory Shepherd, employee number 388372 · AO3, Switchboard Services, Logan Hospital, Metro South Health · February to 3 September 2026 · compiled 3 September 2026

PART A — WHAT THE RECORD SHOWS

1. **No instrument has ever been identified.** From 3 July 2026 Mr Shepherd was directed away from the workplace. He asked for the source of that power in the Stage 1 process on 4 August 2026 and repeatedly afterwards. Six positions have been advanced in nine weeks — sick leave by default (2 July); the QSuper claim manager (15 July); further medical information (29 July); the delegate's approval of the RFMI (30 July); "reduced roster 0.5 FTE" (31 August); and the pay cycle (3 September). None identifies a power to direct a fit and available employee away from work, and none of them is a decision.
2. **No decision has ever been made.** No written decision returning Mr Shepherd to work within the restrictions of 3 July 2026, or declining to, identifying the instrument and the officer, has ever been issued. The application for special leave on full pay made on 28 July and 5 August 2026 has been neither granted nor refused.
3. **The employer's own medical document contradicts the exclusion.** The Employee Capability Checklist of 3 July 2026 was completed on Metro South Health's own form. It certifies fitness with restrictions and records that "usual switchboard operational duties remain suitable", excluding only complaint handling — and even then complaints are to be "logged and redirected, not actioned or resolved". It records the recommended pattern as one Mr Shepherd "has in fact worked and tolerated over the past twelve months". The task-by-task match of the role description against that document, demanded on 28 July 2026, has never been produced.
4. **The employer's own delegate contradicts the hours.** Scott Hughes approved reduced part-time hours on 27 February, 17 April and 9 June 2026, and then described the employment as "Permanent Full-time (76 hours per fortnight)" in the RFMI of 31 July 2026. The last reduced-hours arrangement expired on 28 June 2026 by its own terms and nothing replaced it. The leave applied on 31 August 2026 was nevertheless applied at "0.5 FTE".
5. **The leave type was chosen, not defaulted to.** Each "Sick Leave – No Pay" entry is a positive act — a leave type selected from those available and submitted on the employee's behalf. The alternatives were available and known to the person entering them: on 4 August 2026 the recreation leave balance was identified as 41.21 hours and an undertaking given to apply it "to ensure you receive the available paid leave entitlement for this period". Of the leave types in play, three produce a payment and one does not. The one that does not was selected, and selected again on each subsequent day, after the written instruction of 3 July 2026 and after every objection since.
6. **The entries were unauthorised on the employer's own policy.** HR Policy C13 (QH-POL-188) section 6 permits a line manager to submit leave on an employee's behalf only where "the employee's request for leave is documented in writing" and supporting documents "are sourced and retained". The written requests on the record are annual leave (3 July) and special leave on full pay (5 August). There is no written request for sick leave without pay, and on 31 August 2026 Mr Shepherd confirmed in terms that he was not applying for personal leave.
7. **Payment was never declined — only its source.** The email of 5 August 2026 declines recreation leave and in the same sentence nominates special leave on full pay instead, which under Directive 12/24 is not debited from any leave account. What was declined was the funding of an employer-directed absence out of the employee's own accrued credits.
8. **The obligation to correct was mandatory and was not discharged.** HR Policy C13 section 2 provides that a line manager notified of an incorrect wage payment "must take all steps to rectify the error including … preparing and submitting further forms … liaising with Payroll to correct the error". Notice was given on 3 July 2026 and on fourteen occasions since. The corrective form was submitted once, for one fortnight, on 31 August 2026.
9. **The dispute procedure has not been followed.** The Stage 1 notice was given on 3 August 2026. Clause 1.11.2(a) requires Stage 1 discussions within 24 hours and provides that the procedure "should not extend beyond seven days". The 24-hour requirement was conceded on 4 August 2026 as not achieved. The seven days expired on 10 August 2026. No outcome has ever been communicated. Clause 1.11.4 provides that "the status quo existing before the emergence of a dispute is to continue whilst the procedure is being followed"; the status quo before 3 August 2026 has not been maintained. Clause 1.11.5 provides that "no party shall act in a manner unreasonably or intentionally delay the timely resolution of a dispute".
10. **The defect now supplies its own justification.** Periods recorded as leave without pay are excluded from continuous service. On 3 September 2026 Payroll advised that long service leave eligibility arises "only from 04/09/2026" — 163 days after the date on which seven years' continuous service fell due on the service dates

recorded in the agreement under which Mr Shepherd was reinstated. The coding objected to since 3 July has deferred the entitlement now relied on to refuse the leave, and it moves a day further out for each day it continues.

11. **The loss.** Three pay days have passed with nil paid: 29 July, 12 August and 26 August 2026. At the substantive 76 hours per fortnight and the base rate of $44.46 per hour, a fortnight is $3,378.96 gross. Three full fortnights unpaid is $10,136.88, and the shortfall on the fortnight 17–30 August, processed at half hours, is a further $1,689.48 — approximately $11,800 gross to 30 August 2026, exclusive of shift penalties, superannuation and leave accrual. The consequence, stated to the employer in writing on 31 August and 2 September 2026, is the loss of accommodation.

PART B — THE COMPLETE CHRONOLOGY

Every communication event on the employment matter, in date order. The Tab column gives the page range of the original document in Part C. Events without a tab are recorded from the correspondence itself or from contemporaneous note.

Date	Time	Between	What happened	Tab
27 Feb 2026		Hughes (delegate)	Change to Working Conditions approved — 56.00 hrs/fortnight, 1–15 March 2026, employment basis recorded as Part Time.	1 pp 8–11
17 Apr 2026		Hughes (delegate)	Change to Working Conditions approved — 56.00 hrs/fortnight, 16 March – 26 April 2026.	2 pp 12–15
9 Jun 2026		Hughes (delegate)	Change to Working Conditions approved — 40.00 hrs/fortnight, 25 May – 28 June 2026. Comment: "Temp request until 28.06.26 until further review and documentation to be provided to support request."	3 pp 16–19
28 Jun 2026		—	The last reduced-hours arrangement expires by its own terms. No instrument replaces it. The substantive appointment of 76 hours per fortnight resumes.	—
2 Jul 2026	2:38 pm	Taylor → Shepherd	"Unless you advise me otherwise, I will process your shifts that you have not worked as Sick Leave — please confirm by Friday 3rd July before 2:00pm."	4 pp 20–21
3 Jul 2026		Dr Ma	Employee Capability Checklist completed on Metro South Health's own form: fit with restrictions; "Usual switchboard operational duties remain suitable"; complaint handling excluded; six 8-hour shifts per fortnight, "the pattern Mr Shepherd has in fact worked and tolerated over the past twelve months".	5 pp 22–26
3 Jul 2026	2:49 pm	Taylor → Shepherd	"As you have not confirmed leave type … I will continue to process as Sick leave / Sick leave no pay."	6 pp 27–30
3 Jul 2026	3:18 pm	Shepherd → Taylor	"Could you please process the balance as ANNUAL LEAVE rather than sick leave without pay." Twenty-nine minutes after the message saying the leave type had not been confirmed.	—
3 Jul 2026		—	Held out of the workplace from this date. "Sick Leave – No Pay" applied to the record every day thereafter.	—
7 Jul 2026	10:54 am	Forrest → Shepherd	ECC further information sought.	7 pp 31–36
10 Jul 2026	8:35 am	Shepherd → Forrest	Asks that the shifts "be treated as PAID TIME and … not deducted from my leave"; asks that the return be facilitated. Unanswered.	8 pp 37–48
13 Jul 2026	3:53 pm	Injury Management	Responds by reference to the QSuper income protection claim.	—
13 Jul 2026	4:39 pm	Shepherd → Injury Mgmt	"I ask again" — paid time; the basis in writing if refused. Interim duties offered (finance; scanning and records).	—
13 Jul 2026		—	LAST WAGES RECEIVED. No payment on any pay day after this date.	—
14–15 Jul 2026		Moran (Together)	"VERY SERIOUS" — urgent referral to Together's industrial team.	9 pp 49–53
15 Jul 2026	1:10 pm	MSH → Shepherd, Zappia	QSuper income protection claim update.	10 pp 54–61
15 Jul 2026		Harrison → Shepherd	Pay refused — it "sits with your QSuper Claim Manager". Interim duties refused "in any capacity". Accommodation of restrictions "remains at the discretion of the Employer".	11 pp 62–69
17 Jul 2026		Moran (Together)	Brief delivered in full; the industrial team is engaged and still reviewing.	12 pp 70–79
20 Jul 2026		Taylor (in myHR)	Leave of the type "Income Protection – No Pay" requested on Mr Shepherd's behalf by C Donovan-Taylor (371009).	13 pp 80–80
22 Jul 2026		Shepherd → Payroll	Payroll Enquiry 4438861 lodged. Status "Pending Investigation".	14 pp 81–81
28 Jul 2026	5:39 pm	Shepherd → HR, cc Moran	Incorrect application of EB12, the Award and QH policies — eight numbered instruments. Special leave on full pay applied for (point 4). Workplace psychosocial risk assessment demanded under cl 7.2. Task-by-task match of the role description to the ECC demanded. Delegate and instrument demanded for each day's coding since 3 July.	15 pp 82–87
29 Jul 2026	4:10 pm	MSH → Shepherd, cc Moran	Reply: further medical information required before capacity can be determined. Special leave not addressed.	16 pp 88–96
29 Jul 2026		—	PAY DAY — nil. Fortnight 6–19 July.	—
30 Jul 2026	11:25 am	Shepherd → MSH, cc Moran	Roster, pay and leave "remain live in parallel". First request that the shifts from 3 July be processed by ad hoc payment and the leave re-credited.	17 pp 97–114

Date	Time	Between	What happened	Tab
30 Jul 2026	2:33 pm	MSH → Shepherd, cc Moran	Holding reply — the Request for Medical Information is with the delegate for approval. Special leave not addressed.	18 pp 115–135
31 Jul 2026	11:43 am	Harrison → Shepherd	RFMI covering email.	19 pp 136–138
31 Jul 2026		Hughes → Shepherd	RFMI letter to the employee, signed by Scott Hughes as delegate, describing the employment as "Permanent Full-time (76 hours per fortnight)" — seven weeks after the same delegate approved reduced part-time hours for the third time.	20 pp 139–140
31 Jul 2026		Hughes → Dr Ma	RFMI letter to the treating general practitioner — nine questions.	21 pp 141–145
31 Jul 2026		MSH	RFMI attachment — AO3 Switchboard role description.	22 pp 146–149
31 Jul 2026		MSH	RFMI attachment — authorisation form (option 2, unsigned).	23 pp 150–150
31 Jul 2026	3:15 pm	Harrison → Shepherd	Reimbursement of the 3 July consultation gated on confirmation from the practice.	24 pp 151–153
3 Aug 2026	11:38 am	Shepherd → IM, HR, cc Moran	RFMI response.	25 pp 154–157
3 Aug 2026	11:38 am	Shepherd → IM, HR, cc Moran	Request under clause 10.3.	26 pp 158–158
3 Aug 2026	11:38 am	Shepherd → Taylor, IM, HR, cc Moran	NOTICE OF DISPUTE under EB12 cl 1.11 — Stage 1. Attendance, roster, leave and pay from 26 June 2026.	27 pp 159–159
3 Aug 2026	11:38 am	Shepherd → Chief Executive	Letter to the Health Service Chief Executive.	28 pp 160–161
3 Aug 2026	12:45 pm	MSH Correspondence	Acknowledges the Chief Executive letter at Mr Cridland's direction.	29 pp 162–164
4 Aug 2026	1:35 pm	Taylor → Shepherd, IM, HR, cc Moran	STAGE 1 ACKNOWLEDGEMENT. Concedes the cl 1.11.2(a) 24-hour timeframe "will not be achieved". States "I am required to process leave on your behalf" for 20 July – 2 August. Records the recreation leave balance at 41.21 hours. Undertakes that absent a response she "will apply your remaining recreation leave balance to ensure you receive the available paid leave entitlement for this period".	30 pp 165–168
4 Aug 2026		Shepherd	Asks in the Stage 1 process for the instrument authorising the exclusion. Never answered.	—
5 Aug 2026	7:30 am	Shepherd → Taylor, IM, HR, cc union	"I do not consent to my recreation leave being applied, and I have asked that the period be coded as special leave on full pay instead."	31 pp 169–173
10 Aug 2026		—	The seven days allowed for Stage 1 by cl 1.11.2(a) expire. No outcome has ever been communicated.	—
11 Aug 2026	4:31 pm	Petering (Together)	Acknowledges the s 89 letter forwarded; telephone contact.	32 pp 174–175
12 Aug 2026		Payroll	PAY DAY — nil. Pay advice for the fortnight 20 July – 2 August 2026 records "NP Sick Leave" 76.00 hours, gross $0.00, net $0.00.	33 pp 176–176
12 Aug 2026	6:20 pm	Shepherd → LBH	RFMI reply as sent.	34 pp 177–179
13 Aug 2026	3:48 pm	Harrison → Shepherd	Reply — consent and the Employee Authority Form.	35 pp 180–185
13 Aug 2026	4:42 pm	Roberts → Shepherd	"Follow up on Enquiries" — subsequently RECALLED.	36 pp 186–188
13 Aug 2026	4:45 pm	Roberts	Recall notice.	37 pp 189–189
18 Aug 2026	10:47 am	Roberts → Shepherd	The recalled email re-sent to a personal address.	38 pp 190–193
18–28 Aug 2026		Roberts ↔ Shepherd, cc Petering	"Follow up on Enquiries" thread. 24 August 11:13 am: "the appropriate LEAVE BE APPLIED and … an AVAC be submitted". 28 August 2:18 pm: the Stage 2 referral withdrawn — the referral only, with pay, the leave debited since 3 July and the ECC adjustments expressly "unresolved and in dispute"; AVAC update sought; Dr Krishnaiah reports Queensland Health has not responded to his request for information.	39 pp 194–205
21 Aug 2026		Roberts, McQuillan, Petering, Shepherd	Conference — two hours, five agenda items, the union present. No outcome. Cut short.	—
25 Aug 2026	3:08 pm	Roberts → Shepherd, McQuillan, Petering	Teams invitation to continue the conference.	40 pp 206–208
26 Aug 2026		—	PAY DAY — nil. Fortnight 3–16 August.	—

Date	Time	Between	What happened	Tab
28 Aug 2026		Taylor	Absence notifications record.	41 pp 209–221
31 Aug 2026	10:59 am	Shepherd → Taylor, cc Roberts, Petering	Formal application: long service leave on full pay from 13 July 2026; annual leave on its exhaustion; the AVAC to be processed today; "I confirm I am not applying for personal leave"; made under protest and subject to re-credit; financial hardship and the loss of accommodation stated.	42 pp 222–228
31 Aug 2026	3:34 pm	Taylor → Shepherd	AVAC processed for one fortnight only (17–30 August), "S/L and A/L in lieu of S/L", "as you are on reduced roster 0.5 FTE". Long service leave "the system is currently not allowing me to apply".	—
31 Aug 2026	4:06 pm	Shepherd → Taylor	Four-point correction: leave type; 76 hours not 0.5 FTE; the period from 13 July; the service dates.	—
2 Sep 2026	11:07 am	Shepherd → Taylor	Ad hoc payment requested to be processed today. Fifty-one days without wages; accommodation given up; unable to log into myHR.	43 pp 229–243
2 Sep 2026	12:42 pm	Taylor → Shepherd	PRN processed for the fortnight ending 30 August, to be paid 9 September; "S/L and A/L in lieu of S/L" applied; leave balances given.	—
2 Sep 2026	2:05 pm	Shepherd → Payroll, Taylor	myHR access regained; no record of the PRN visible; Payroll advised by telephone at 1:24 pm that no information was recorded against it; copies of the enquiries requested.	—
2 Sep 2026	4:16 pm	Taylor → Shepherd	Process number corrected to 24926366. Long service leave enquiry 4469554 lodged 31 August, "Pending Investigation".	—
2 Sep 2026	5:29 pm	Roberts → Shepherd (SMS)	In answer to a request for a call and for help being paid because of a need for food: "I know that Chloe has been working hard on this today for you. I am sure she will get back to you asap tomorrow about this."	44 pp 244–244
3 Sep 2026	9:05 am	Payroll (Layson)	"You aren't able to put in LSL leave as Cory's LSL eligibility date is only from 04/09/2026." A log has been created for a leave audit.	—
3 Sep 2026	10:27 am	Taylor → Shepherd, Payroll	Long service leave "cannot be backdated & paid prior to the date you become eligible". The ad hoc payment for 17–30 August "cannot be processed prior to Wednesday 9th September 2026".	—
3 Sep 2026	1:30 pm	Shepherd → Roberts, Taylor, Payroll, cc Petering	The two-part response — the coding since 3 July, and payment under HR Policy C13 §§2, 6, 8 and 9; long service leave from 13 July; special leave under Directive 12/24.	45 pp 245–264
3 Sep 2026	2:04 pm	Shepherd → Layson (Payroll)	Who within Payroll has authority to action an ad hoc payment today; or the name, position, telephone and email of the officer who can; and if refused, the reason in writing, the policy relied on and the decision-maker.	46 pp 265–266
3 Sep 2026	2:10 pm	Petering (Together)	"I am currently reviewing the 14 emails I've received on your matter this week … reply to you with answers to your specific questions … by the end of the week."	47 pp 267–273
3 Sep 2026	2:52 pm	Beetham (Together)	Referral to the Workers' Psychological Support Service, described as assisting with work-related injury "including a lack of support from management", and providing financial counselling.	—
3 Sep 2026		Harrison → Shepherd	The reimbursement paperwork for the 3 July consultation to be completed today; the clinic's invoice was received 2 September.	48 pp 274–277
2–3 Sep 2026		myHR records	Payroll enquiries: 4471091 Ad Hoc Payment, 2 September, Pending; 4438861 Leave, 22 July, shown Resolved though never communicated; 4045255 Ad Hoc Payment, 11 March 2025, Resolved. Leave balances and the daily "Sick Leave – No Pay" entries.	49 pp 278–278
2–3 Sep 2026		myHR records	Leave record. Balances as at 2 September 2026: Recreation Leave 51.31 hours; Sick Leave 14.66 hours. Request overview showing "SICK LEAVE - NO PAY" entered as DISCRETE DAILY LEAVE REQUESTS, each separately APPROVED — including 03.08.2026 and 04.08.2026.	50 pp 279–279
Jul–Sep 2026		Switchboard manager	Payment correspondence record.	51 pp 280–288

PART C — THE ORIGINAL DOCUMENTS

Each tab is the original document as sent or received. Nothing has been retyped.

Tab	Document	Pages
1	2026-02-27_Movement_56hrs_1Mar-15Mar_HughesApproved.pdf	8–11
2	2026-04-17_Movement_56hrs_16Mar-26Apr_HughesApproved.pdf	12–15
3	2026-06-09_Movement_40hrs_25May-28Jun_HughesApproved.pdf	16–19
4	2026-07-02_Taylor_ECC_LeaveType_ORIGIN_DOCUMENT.pdf	20–21
5	medical/Employee_Capability_Checklist_CShepherd_03-07-2026.pdf	22–26
6	correspondence-2026/2026-07-03_1518_Cory_to_Taylor_ECC_LeaveType_reply.pdf	27–30
7	2026-07-07_Forrest_ECC_further_information_FULL.pdf	31–36
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11	2026-07-15_Harrison_reply_pay_refused_discretion.pdf	62–69
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Movement Details

Movement Task:	Change to Working Conditions (Temporary)
Effective Period:	01.03.2026 - 15.03.2026
Movement Reason:	Change in Hours - Other
Position ID:	32002276
Position Title:	AO Switchboard
Person ID:	388372
Person (Preferred) Name:	Cory Shepherd
Personnel Assignment Number:	388372
Organisational Unit ID:	72010875
Organisational Unit Name:	LOGH CORP Switchboard Operations

Employment Conditions

Award/CBA/Contract:	Hospital and Health Service General Employees (Queensland Health) Award – State 2015
Classification:	AO3
Level:	04
Employment Basis:	Part Time
Number Of Fortnightly Hours:	56.00
Concurrent/Aggregate Current Status:	Not Applicable
Concurrent/Aggregate Proposed Status:	☐ Indicate here if the employee will be working in multiple positions at the same time resulting in Concurrent or Aggregate employment.
Working Arrangement:	Standard Hours
Shift Arrangements:	Continuous Shift Worker
Reason For Additional Leave:	Working Public Holidays, Continuous Shift Work
Recreation Leave Accrual (weeks):	6

Work Schedule

Roster Type:	Non-Cyclic

Other

Comments:	Cory Shepherd to extend reduce hours contract - 1.03.26 - 15.03.26 possible extension

Certifications

Manager Certification:

☑ I certify that I have:

*(Where the employee is seeking release or extension of a previously approved movement from another work unit) successfully negotiated the terms of the agreement with the line manager of the employee's substantive position

*Informed this employee of any changes to their FBT Concession Eligibility status as a consequence of this variation to their employment contract

*Discussed with this employee the consequences of this change to their position, employment status, terms of employment and/or roster

*Informed the employee where this change applies to a temporary employee moving between temporary assignments, of any impact (i.e. the ending or likelihood of extension of their previous contract) as a consequence of accepting appointment to this proposed position and

*Undertaken all required checks and cited all relevant documentation including, where required, verification against the AHPRA Registers of Practitioners.

*Completed all necessary pre-employment checks with evidence attached and have submitted registration and Working with children checks to Payroll Services for processing.

*Where the employee is required to work in a position which requires evidence of vaccination or proof that they are not susceptible to specified vaccine preventable diseases (VPDs); that the relevant vaccination status in accordance to their assigned position has been sighted.

Note: Vaccination records must be retained in a manner that conforms with both the *Information Privacy Act 2009 (QLD) and the Public Records Act 2002 (QLD)*

Chloe Donovan-Taylor **19.02.2026**

Employee:

☑ I agree to the above changes to my employment hours/position. I hereby claim for the extra remuneration for hours worked in a higher duties capacity (where applicable). I also certify that I have been informed by my line manager/supervisor of the consequences of this change to my:
* FBT Concession Eligibility status that may result from this variation to my employment contract and
* Position, employment status, terms of employment and/or roster. I also acknowledge that as this appointment is of a temporary nature, the contract may be ended by my line manager with the appropriate notice in accordance with award provisions.

I understand that my current existing superannuation scheme and/or contribution arrangements will continue to apply to my new health employer within Queensland Health (where applicable), with any future changes to superannuation arrangements to be applicable to current and past employer entities within Queensland Health, unless otherwise specifically advised.

Temporary employees only:
Your appointment is for a temporary period. Continuation or extension of employment in this position cannot be guaranteed beyond the end date stated above. Please note that your employment may be terminated prior to the end date of your fixed term appointment, by either party, in accordance with the termination clause in the above mentioned Award or other industrial instruments relevant to your employment.

Disclosure of personal information:
I understand that personal information in relation to my employment may be disclosed by my current health employer to another health or government agency, subject to applicable law, in connection with my movement/change to a role or employment with (or any application for or assessment of me having a role or employment with) that other health or government agency.

Cory Shepherd **26.02.2026**

Reviewer Group:

☑ I, the authorised Endorser for this appointment confirm that all impacts have been reviewed and confirmed.

Paul Ianna **27.02.2026**

Delegate:

☑ If applicable review the changes to the employee recurring allowances contained in this application.

I, the authorised delegate for appointments, approve:
*any increase above the position's established FTE as a consequence of this appointment, and
*the above appointment subject to the receipt of acceptable criminal history report (where necessary) in accordance with *Section 67 of the Public Service Act 2008 or Section 67 of the Hospital and Boards Act 2001* [whichever is applicable].

HES/SES higher duties only:
Will the employee be allocated a government owned motor vehicle for private use or home garaging during this period of relief?

Scott Hughes **27.02.2026**

Movement Details

Movement Task:	Change to Working Conditions (Temporary)
Effective Period:	16.03.2026 - 26.04.2026
Movement Reason:	Change in Hours - Other
Position ID:	32002276
Position Title:	AO Switchboard
Person ID:	388372
Person (Preferred) Name:	Cory Shepherd
Personnel Assignment Number:	388372
Organisational Unit ID:	72010875
Organisational Unit Name:	LOGH CORP Switchboard Operations

Employment Conditions

Award/CBA/Contract:	Hospital and Health Service General Employees (Queensland Health) Award – State 2015
Classification:	AO3
Level:	04
Employment Basis:	Part Time
Number Of Fortnightly Hours:	56.00
Concurrent/Aggregate Current Status:	Not Applicable
Concurrent/Aggregate Proposed Status:	☐ Indicate here if the employee will be working in multiple positions at the same time resulting in Concurrent or Aggregate employment.
Working Arrangement:	Standard Hours
Shift Arrangements:	Continuous Shift Worker
Reason For Additional Leave:	Working Public Holidays, Continuous Shift Work
Recreation Leave Accrual (weeks):	6

Work Schedule

Roster Type:	Non-Cyclic

Other

Comments:	Cory Shepherd reduced hours from 1FTE to 0.7fte per fortnight 16.03.2026 - 26.04.2026 with possible extension after review.

Certifications

Manager Certification:

☑ I certify that I have:

*(Where the employee is seeking release or extension of a previously approved movement from another work unit) successfully negotiated the terms of the agreement with the line manager of the employee's substantive position

*Informed this employee of any changes to their FBT Concession Eligibility status as a consequence of this variation to their employment contract

*Discussed with this employee the consequences of this change to their position, employment status, terms of employment and/or roster

*Informed the employee where this change applies to a temporary employee moving between temporary assignments, of any impact (i.e. the ending or likelihood of extension of their previous contract) as a consequence of accepting appointment to this proposed position and

*Undertaken all required checks and cited all relevant documentation including, where required, verification against the AHPRA Registers of Practitioners.

*Completed all necessary pre-employment checks with evidence attached and have submitted registration and Working with children checks to Payroll Services for processing.

*Where the employee is required to work in a position which requires evidence of vaccination or proof that they are not susceptible to specified vaccine preventable diseases (VPDs); that the relevant vaccination status in accordance to their assigned position has been sighted.

Note: Vaccination records must be retained in a manner that conforms with both the *Information Privacy Act 2009 (QLD) and the Public Records Act 2002 (QLD)*

Chloe Donovan-Taylor **09.04.2026**

Employee:

☑ I agree to the above changes to my employment hours/position. I hereby claim for the extra remuneration for hours worked in a higher duties capacity (where applicable). I also certify that I have been informed by my line manager/supervisor of the consequences of this change to my:
* FBT Concession Eligibility status that may result from this variation to my employment contract and
* Position, employment status, terms of employment and/or roster. I also acknowledge that as this appointment is of a temporary nature, the contract may be ended by my line manager with the appropriate notice in accordance with award provisions.

I understand that my current existing superannuation scheme and/or contribution arrangements will continue to apply to my new health employer within Queensland Health (where applicable), with any future changes to superannuation arrangements to be applicable to current and past employer entities within Queensland Health, unless otherwise specifically advised.

Temporary employees only:
Your appointment is for a temporary period. Continuation or extension of employment in this position cannot be guaranteed beyond the end date stated above. Please note that your employment may be terminated prior to the end date of your fixed term appointment, by either party, in accordance with the termination clause in the above mentioned Award or other industrial instruments relevant to your employment.

Disclosure of personal information:
I understand that personal information in relation to my employment may be disclosed by my current health employer to another health or government agency, subject to applicable law, in connection with my movement/change to a role or employment with (or any application for or assessment of me having a role or employment with) that other health or government agency.

Cory Shepherd **13.04.2026**

Reviewer Group:

☑ I, the authorised Endorser for this appointment confirm that all impacts have been reviewed and confirmed.

Paul Ianna **15.04.2026**

Delegate:

- [x] If applicable review the changes to the employee recurring allowances contained in this application.

I, the authorised delegate for appointments, approve:
*any increase above the position's established FTE as a consequence of this appointment, and
*the above appointment subject to the receipt of acceptable criminal history report (where necessary) in accordance with *Section 67 of the Public Service Act 2008 or Section 67 of the Hospital and Boards Act 2001* [whichever is applicable].

HES/SES higher duties only:
Will the employee be allocated a government owned motor vehicle for private use or home garaging during this period of relief?

Scott Hughes **17.04.2026**

Movement Details

Movement Task:	Change to Working Conditions (Temporary)
Effective Period:	25.05.2026 - 28.06.2026
Movement Reason:	Change in Hours - Other
Position ID:	32002276
Position Title:	AO Switchboard
Person ID:	388372
Person (Preferred) Name:	Cory Shepherd
Personnel Assignment Number:	388372
Organisational Unit ID:	72010875
Organisational Unit Name:	LOGH CORP Switchboard Operations

Employment Conditions

Award/CBA/Contract:	Hospital and Health Service General Employees (Queensland Health) Award – State 2015
Classification:	AO3
Level:	04
Employment Basis:	Part Time
Number Of Fortnightly Hours:	40.00
Concurrent/Aggregate Current Status:	Not Applicable
Concurrent/Aggregate Proposed Status:	☐ Indicate here if the employee will be working in multiple positions at the same time resulting in Concurrent or Aggregate employment.
Working Arrangement:	Standard Hours
Shift Arrangements:	Continuous Shift Worker
Reason For Additional Leave:	Working Public Holidays, Continuous Shift Work
Recreation Leave Accrual (weeks):	6

Work Schedule

Roster Type:	Non-Cyclic

Other

Comments:	Cory Shepherd request to reduce contracted hours from 1.0FTE - 0.5TE 40hrs per fortnight. Temp request until 28.06.26 until further review and documentation to be provided to support request.

Certifications

Manager Certification:

☑ I certify that I have:

*(Where the employee is seeking release or extension of a previously approved movement from another work unit) successfully negotiated the terms of the agreement with the line manager of the employee's substantive position

*Informed this employee of any changes to their FBT Concession Eligibility status as a consequence of this variation to their employment contract

*Discussed with this employee the consequences of this change to their position, employment status, terms of employment and/or roster

*Informed the employee where this change applies to a temporary employee moving between temporary assignments, of any impact (i.e. the ending or likelihood of extension of their previous contract) as a consequence of accepting appointment to this proposed position and

*Undertaken all required checks and cited all relevant documentation including, where required, verification against the AHPRA Registers of Practitioners.

*Completed all necessary pre-employment checks with evidence attached and have submitted registration and Working with children checks to Payroll Services for processing.

*Where the employee is required to work in a position which requires evidence of vaccination or proof that they are not susceptible to specified vaccine preventable diseases (VPDs); that the relevant vaccination status in accordance to their assigned position has been sighted.

Note: Vaccination records must be retained in a manner that conforms with both the *Information Privacy Act 2009 (QLD) and the Public Records Act 2002 (QLD)*

Chloe Donovan-Taylor **27.05.2026**

Employee:

☑ I agree to the above changes to my employment hours/position. I hereby claim for the extra remuneration for hours worked in a higher duties capacity (where applicable). I also certify that I have been informed by my line manager/supervisor of the consequences of this change to my:
* FBT Concession Eligibility status that may result from this variation to my employment contract and
* Position, employment status, terms of employment and/or roster. I also acknowledge that as this appointment is of a temporary nature, the contract may be ended by my line manager with the appropriate notice in accordance with award provisions.

I understand that my current existing superannuation scheme and/or contribution arrangements will continue to apply to my new health employer within Queensland Health (where applicable), with any future changes to superannuation arrangements to be applicable to current and past employer entities within Queensland Health, unless otherwise specifically advised.

Temporary employees only:
Your appointment is for a temporary period. Continuation or extension of employment in this position cannot be guaranteed beyond the end date stated above. Please note that your employment may be terminated prior to the end date of your fixed term appointment, by either party, in accordance with the termination clause in the above mentioned Award or other industrial instruments relevant to your employment.

Disclosure of personal information:
I understand that personal information in relation to my employment may be disclosed by my current health employer to another health or government agency, subject to applicable law, in connection with my movement/change to a role or employment with (or any application for or assessment of me having a role or employment with) that other health or government agency.

Cory Shepherd **05.06.2026**

Reviewer Group:

☑ I, the authorised Endorser for this appointment confirm that all impacts have been reviewed and confirmed.

Melissa Spink **08.06.2026**

Delegate:

☑ If applicable review the changes to the employee recurring allowances contained in this application.

I, the authorised delegate for appointments, approve:
*any increase above the position's established FTE as a consequence of this appointment, and
*the above appointment subject to the receipt of acceptable criminal history report (where necessary) in accordance with *Section 67 of the Public Service Act 2008 or Section 67 of the Hospital and Boards Act 2001* [whichever is applicable].

HES/SES higher duties only:
Will the employee be allocated a government owned motor vehicle for private use or home garaging during this period of relief?

Scott Hughes **09.06.2026**

Cory - ECC/Leave Type

From: Chloe Taylor
Chloe.Taylor3@health.qld.gov.au
To: Cory Shepherd
Cory.Shepherd@health.qld.gov.au
Cc: Cory Shepherd coryshepherd1@hotmail.com
Sent: Thursday 2 July at 14:38

Hi Cory,

I just wanted to check in to see how you are doing and how things have been progressing for you. I know you had a scheduled appointment with your doctor yesterday as per text message sent on Monday 29*th* July.

Did your doctor give you any indication when the required documentation will be completed? Until we receive appropriate medical clearance, including a completed Employee Capacity Certificate (ECC), we are unable to facilitate your return to work, please wait for my advice to when your next returning shift will be. Unless you advise me otherwise, I will process your shifts that you have not worked as Sick Leave – Please confirm by Friday 3rd July before 2:00pm.

Kind regards,
Chloe

Chloe Taylor
Switchboard Manager | Local Telecommunications Representative | Switchboard Services
Logan Hospital | Metro South | Queensland Health

P (07) 2891 9190
E chloe.taylor3@health.qld.gov.au
W www.health.qld.gov.au
A Level 2, Building 1, Cnr Loganlea and Armstrong Roads QLD 4131
T Call me on Teams

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Queensland Health acknowledges the Traditional Custodians of the land across Queensland, and pays respect to First Nations Elders past and present.

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Employee Capability Checklist – Cory Shepherd

** *Please note that a separate medical certificate is also required to support the completed Capability Checklist.*

Information provided in the Capability Checklist below will assist our Organisation to determine appropriate tasks in the event that the identified worker is cleared for suitable duties. Please ensure that all sections of the Capability Checklist are completed in full.

I have examined Cory Lea Shepherd (DOB 11 January 1991) and consider that they are diagnosed with the following condition:

Major Depressive Disorder with anxious distress (DSM-5 296.23) — work-related psychological injury, onset 18 June 2024.

☒ I have viewed the worker's Position Description (attached — Administration Officer, Switchboard Services (AO3), Logan Hospital) and/or

☒ I am aware of the requirements of their role

It is my opinion that they are fit to resume:

☐ Normal duties

☒ Modified duties

☒ Reduced hours (hours/days)

☐ Workplace Performance Discussions

Modified duties relate to:

☒ Tasks performed

☒ Duration

Hours to be worked

Week 1: 8 hours/day 3 days/week	Week 5: 8 hours/day 3 days/week
Week 2: 8 hours/day 3 days/week	Week 6: 8 hours/day 3 days/week
Week 3: 8 hours/day 3 days/week	Week 7: 8 hours/day 3 days/week
Week 4: 8 hours/day 3 days/week	Week 8: 8 hours/day 3 days/week
(6 shifts per 10-shift fortnight: max 2 weekday day/afternoon + 2 night + 2 weekend shifts — continuation of the reduced pattern Mr Shepherd has sustained since 2025)	

Fit to commence the above from: 3 July 2026 (continuation of existing arrangement)

Date of next review: 28 August 2026 (approximately 8 weeks)

ctivity	No capacity	Restricted / As Tolerated	Normal	Details of any restrictions and reasons
OGNITIVE				
earning new tasks	☐	☐	☒	
bility to initiate tasks independently	☐	☐	☒	
nderstanding instructions	☐	☐	☒	
arrying out instructions accurately	☐	☐	☒	
laintain focus/concentration	☐	☒	☐	Concentration reduced during sustained high-stress periods; managed by rostering to lower call-volume shifts.
xecuting tasks within a reasonable meframe	☐	☐	☒	
Vorking autonomously without upervision	☐	☐	☒	
rioritising tasks	☐	☐	☒	
laking decisions	☐	☐	☒	
Iulti-tasking	☐	☒	☐	Concurrent high-volume demand exacerbates symptoms; suitable on lower-volume shifts.
Iemorising information	☐	☒	☐	Working memory affected under stress (treating psychiatrist report 13-Feb-2025).
Vorking in a high demand nvironment	☐	☒	☐	Limit weekday day/afternoon shifts — which carry the peak call volume and the majority of complaints — to no more than 2 per fortnight; remaining shifts rostered to the lower-volume weekend (2) and night (2) shifts.
RELATIONAL				
Communicating with internal/external customers	☐	☐	☒	
Vorking in a team environment	☐	☐	☒	
Handling conflict	☐	☒	☐	No complaint-handling duties: complaints received at the Switchboard are to be logged and redirected to management/the dedicated complaints area, not actioned, resolved or absorbed by Mr Shepherd.
Supervising others	☐	☐	☒	Not a requirement of the AO3 role.
Interacting appropriately with others	☐	☐	☒	
Do you foresee any existing stressors that could impact on a return to substantive role? If so, please provide additional comments:				Yes. (1) Complaint-handling exposure at the Switchboard; (2) being held accountable, and blamed, for failures that are the responsibility of others across the hospital, regardless of where the fault lies; (3) rostering and fatigue-management practices; (4) unresolved workplace matters involving line management. Recommend return-to-work communications and this checklist be managed through the Injury

Medications

Is the worker currently taking any medication?

☒ Yes

☐ No

Please outline any side effects from medication currently being taken that may impact on a person's functional capacity or task performance (for example drowsiness, dizziness, confusion, impaired concentration, fatigue, slurred speech):

Current medications:

1. Fluoxetine 60 mg mane (3 × 20 mg capsules).
2. Lisdexamfetamine (Vyvanse) 30 mg mane — for cognitive symptoms and focus.

Quetiapine (Seroquel) 25 mg nocte, previously prescribed for rumination and sleep, has been ceased.

Relevant effects on task performance: maintaining a regular sleep routine remains central to symptom management following cessation of the night-time medication. This supports (a) limiting night shifts to no more than 2 per fortnight, (b) predictable rostering published in advance, and (c) a minimum 10-hour break between rostered shifts consistent with the applicable Award and fatigue risk management standards. Residual symptoms include reduced concentration and working memory under sustained high-demand load and fatigue sensitivity.

Additional Comments:

1. Please elaborate on the current medical condition Mr Shepherd is suffering from?

Major Depressive Disorder with anxious distress (DSM-5 296.23), a work-related psychological injury with onset 18 June 2024. Treatment is ongoing (fluoxetine, lisdexamfetamine) under psychiatric care. Residual symptoms most relevant to work capacity are reduced concentration and working memory under sustained high-demand load, fatigue sensitivity, and symptom exacerbation on exposure to the identified workplace stressors (complaint handling; being held accountable and blamed for the failures of others; unpredictable rostering).

2. In your opinion do you feel that Mr Shepherd's current condition is temporary, episodic or permanent in nature? What is the expected duration of the current restrictions?

Episodic, with symptom exacerbation linked to stressor exposure. The restrictions below are expected to remain necessary for at least the next 3–6 months, subject to treatment response and 8-weekly review.

3. Based on your current assessment, what work capacity (including number of shifts, hours, and type of duties) would best support Mr Shepherd's recovery while minimising risk of exacerbation?

Six 8-hour shifts per fortnight (of the ten rostered in a full-time fortnight), comprising:

(a) No more than two weekday day/afternoon shifts. These shifts carry the peak call volume and the majority of complaints — the identified stressors. Retaining two per fortnight maintains graded exposure to the full role and preserves work capacity; the cap prevents multiple high-load shifts accumulating within a fortnight, which is the pattern associated with symptom exacerbation.

(b) Two weekend day shifts. Weekend call volume and complaint exposure are materially lower while the duties are identical, allowing the same work to be performed at an intensity consistent with Mr Shepherd's current concentration and working-memory capacity, and preserving a normal sleep-wake cycle.

(c) No more than two night shifts at this stage. Night shifts are low in volume and complaints, but a stable sleep routine is central to symptom management following cessation of the night-time medication; capping nights protects that routine and limits cumulative fatigue. This cap is suitable for reassessment at review.

This reduced pattern of approximately six shifts per fortnight is the pattern Mr Shepherd has in fact worked and tolerated over the past twelve months without deterioration, and maintaining rather than increasing it best supports recovery while minimising risk of exacerbation. Usual switchboard operational duties remain suitable; complaint-handling duties are excluded as below.

4. Are there any specific workplace modifications or supports you would recommend (e.g. reduced workload, predictable rostering, supervision level, reduced exposure to stressors) to assist Mr Shepherd during this period?

(a) No complaint-handling duties — complaints received at the Switchboard to be logged and redirected, not actioned or resolved by Mr Shepherd; (b) predictable rostering published in advance, with a minimum 10-hour break between shifts consistent with the Award and fatigue risk management standards; (c) return-to-work coordination and correspondence through the Injury Management team, Human Resources; (d) access to EAP (TELUS Health) as an available support; (e) review in approximately 8 weeks.

Please complete this form and return to the Injury Management team, Logan & Beaudesert Health Service, Human Resources by email lbh_injurymanagement@health.qld.gov.au

Please include your practice details/stamp here	Signature Date 3.7.26.

MY DOCTORS CLINIC
OPEN 24 HOURS
Dr Day Hong Ma
MBBS,FRACGP,FACRRM Provider No: 4696842K
16/3221 Surfers Paradise Blvd
Surfers Paradise, QLD 4217
Ph: 07-5592 2299 Fax: 07-5539 9188
www.mydoctorsclinicsurfers.com.au

Re: Cory - ECC/Leave Type

From: Cory Shepherd
coryshepherd1@hotmail.com
To: Chloe Taylor Chloe.Taylor3@health.qld.gov.au
Sent: Friday 3 July at 15:18

Hi Chloe,

Thanks for that. As the time off was due to my medical condition and my paid sick leave is exhausted, could you please process the balance as annual leave rather than sick leave without pay.

On returning the completed Employee Capability Checklist went to the Injury Management team today. It certifies me fit to resume from 3 July 2026. Could you please confirm I'm right to attend, or otherwise let me know my next returning shift.

Kind regards,
Cory

From: Chloe Taylor <Chloe.Taylor3@health.qld.gov.au>
Sent: Friday, July 3, 2026 2:49:32 pm
To: Cory Shepherd <coryshepherd1@hotmail.com>
Cc: Cory Shepherd
<Cory.Shepherd@health.qld.gov.au>
Subject: RE: Cory - ECC/Leave Type

Hi Cory

Thank you for letting me know. As you have not confirmed leave type for the past pay period – I will continue to process as Sick leave / Sick leave no pay

Kind regards,
Chloe

Chloe Taylor
Switchboard Manager | Local Telecommunications Representative | Switchboard Services
Logan Hospital | Metro South | Queensland Health

P (07) 2891 9190
E chloe.taylor3@health.qld.gov.au
W www.health.qld.gov.au
A Level 2, Building 1, Cnr Loganlea and Armstrong Roads QLD 4131
T Call me on Teams

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From: Cory Shepherd <coryshepherd1@hotmail.com>
Sent: Friday, 3 July 2026 2:35 PM
To: Chloe Taylor <Chloe.Taylor3@health.qld.gov.au>
Subject: Re: Cory - ECC/Leave Type

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Hey Chloe,

I had a long consultation and the doctor filled out the form.

I sent it off to the Injury Management team today.

Kind regards,

Cory

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From: Chloe Taylor <Chloe.Taylor3@health.qld.gov.au>
Sent: Thursday, July 2, 2026 2:38:11 pm
To: Cory Shepherd <Cory.Shepherd@health.qld.gov.au>
Cc: Cory Shepherd <coryshepherd1@hotmail.com>
Subject: Cory - ECC/Leave Type

Hi Cory,

I just wanted to check in to see how you are doing and how things have been progressing for you. I know you had a scheduled appointment with your doctor yesterday as per text message sent on Monday 29*th* July.

Did your doctor give you any indication when the required documentation will be completed? Until we receive appropriate medical clearance, including a completed Employee Capacity Certificate (ECC), we are unable to facilitate your return to work, please wait for my advice to when your next returning shift will be. Unless you advise me otherwise, I will process your shifts that you have not worked as Sick Leave – Please confirm by Friday 3rd July before 2:00pm.

Kind regards,
Chloe

Chloe Taylor
Switchboard Manager | Local Telecommunications Representative | Switchboard Services
Logan Hospital | Metro South | Queensland Health

P (07) 2891 9190
E chloe.taylor3@health.qld.gov.au
W www.health.qld.gov.au
A Level 2, Building 1, Cnr Loganlea and Armstrong Roads QLD 4131
T Call me on Teams

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Cory Shepherd_ECC further information

From: Lyndelle Forrest
Lyndelle.Forrest@health.qld.gov.au
To: coryshepherd1@hotmail.com
coryshepherd1@hotmail.com
Cc: LBH Injury Management
LBH_InjuryManagement@health.qld.gov.au
Sent: Tuesday 7 July at 10:54

Good morning Cory

I refer to the Employee Capability Checklist (**ECC**), completed by Dr Day Hong Ma of My Doctor Clinic on 3 July 2026 and returned to the Injury Management Team at 2:30pm that day. It is further noted that due to a section of this document being missing, you were asked to resubmit your ECC for consideration, you sent this on Friday at 3:06pm.

While you have been certified fit to return to work effective from 3 July 2026, this certification is subject to reasonable adjustments being made to your duties and hours of work. As the completed ECC was received late on Friday, 3 July 2026, the Health Service was unable to review Dr Hong Ma's medical recommendations at that time to determine whether the recommended restrictions and adjustments could be reasonably accommodated and whether it was safe for you to return to duty.

I can advise that your ECC has now been reviewed and carefully considered. However, before a final decision can be made regarding your return to the workplace, further information is required. Specifically, it is noted that your treating medical practitioner has advised that there are unresolved workplace matters involving line management. At this stage, the Health Service does not have sufficient information to understand the nature of these matters or assess whether they present any psychosocial hazards or risks that may affect your proposed return to work.

The Health Service remains committed to supporting your safe and sustainable return to work, with your health, safety and wellbeing remaining central to that process. Accordingly, further information is required to enable the Health Service to assess any identified risks, determine whether reasonable adjustments can be supported, and ensure that any return to work is planned and managed in accordance with its obligations under work health and safety legislation.

To assist us in expediting consideration of your reasonable adjustments, please provide further clarification and/or reports referenced below, within seven (7) calendar days.

ECC Recommendation	Further information required
Diagnosis of Major Depressive Disorder with anxious distress, a work-related psychological injury with onset 18 June 2024, with symptoms exacerbated on exposure to identified workplace stressors (complaint handling; being held accountable and blamed for failures of others; unpredictable rostering.	The Health Service is seeking to better understand the work-related psychological injury for which you are currently receiving treatment from a psychologist. It is also noted that Dr Day Hong Ma has referenced a report from your treating psychiatrist dated 13 February 2025. To date, the Health Service has not been provided with, nor had the opportunity to review, this report. To enable the Health Service to appropriately consider and address these matters, further information and/or a copy of this report is requested regarding the workplace issues referred to in the ECC and their impact on your capacity for work.

Complaint handling **No complaint-handling duties, complaints received at the Switchboard to be logged and redirected, not actioned or resolved by Mr Shepherd.**	The Health Service understand that the established process for management of complaints is for all patient concerns to be redirection to the Consumer Liaison Services (CLS). There is no expectation for Switchboard operators to manage or deal with these matters. Where a consumer raises concerns in relation to a Switchboard employee, these concerns are referred to the Manager, Switchboard or in her absence, CLS. To understand this concern better and adjustments required, please clarify what features of complaint handling are being referenced and you are expected to resolve within this recommendation.
Predictable Rostering practices, minimum 10-hour break between shifts	Rosters are generally published with four (4) weeks' notice, on four-week rotation. Occasionally, in extenuating circumstances these might be delayed. However, all rosters are released with a minimum of two weeks' notice. The Health Service is not aware of breaching

	this provision and has not received any Workload Concerns to review, can you please clarify the concerns relating to not providing the minimum break between rostered shifts? Noting that rostering currently provides more than 10-hour breaks between shifts, however, acknowledge you also signed an 8 hour agreement on 17 June 2020, which allows you to work with only an 8 hour break, however this is only applied where staff initiated shift swaps have occurred. Please clarify the specific stressors which may exacerbate symptoms.
Being held accountable and blamed for failures of others	It is unclear what matters you are being held accountable and blamed for based on the failures of others or what these concerns relate to. To-date the Health Service is not aware of any concerns being raised for appropriate management. Further clarity on this would assist in understanding this matter.

Until this information is available and has been appropriately assessed, the Health Service is not in a position to safely facilitate your return to normal duties.

Should you have any further questions or concerns, please do not hesitate to contact me via the details below.

Kind regards

Lyndelle Forrest
Senior Consultant
Human Resources
Logan and Beaudesert Health Service
Metro South Health |

e. Lyndelle.Forrest@health.qld.gov.au | Chat on Teams
p. 07 3542 2028
a. Mon - Fri 7:30am - 4:00pm

Metro South Health recognises and pays respect to the traditional custodians of the land and waters – the Yugambeh, Quandamooka, Jaggera, Ugarapul, Turrbal, and Mununjali peoples – and to Elders, past, present and emerging.

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Re: Cory Shepherd_ECC further information (MSH-INJ-5795)

From: Cory Shepherd
coryshepherd1@hotmail.com
To: LBH Injury Management
LBH_InjuryManagement@health.qld.gov.au
Cc: Notes - IPEC (notes@solv.com.au)
notes@solv.com.au
Sent: Monday 13 July at 16:39

Good afternoon Michelle,

Thank you for your email. Four matters in response.

1. QSuper. I must correct the position stated in your email. I no longer have an active open QSuper Income Protection claim; that claim is now closed. In any event, the supporting medical documentation could only support a partial payment at most: I am not totally incapacitated. I am certified fit for my existing arrangement. There is no income protection payment that could respond to the present situation, in which I am receiving no shifts at all.

My current loss of income arises from the Health Service's decision not to roster me — which your email itself confirms ("we are unable to support a return to work at this time") — and not from my capacity for work. There is accordingly no income support available to me from that source.

2. Pay. My request, made in each of my previous emails — that rostered shifts during this employer-directed period be treated as paid time and not deducted from my leave — has not yet been answered. Given the above, I ask again. If the Health Service's position is that these shifts will be unpaid or deducted from my leave, could you please confirm that in writing, together with the basis for it, so that I can consider my position.

3. Interim alternative duties. Separately, should the Health Service require further time to assess my return to the Switchboard, I note that I also bring prior skills and experience from within Metro South Health, including in the finance department and in scanning/records. I am ready and willing to perform suitable interim duties of that kind, within my certified capacity, as an alternative to remaining off work unpaid while the assessment is completed. This offer is made to my substantive Switchboard position and certified arrangement, to which I remain ready to return. I would welcome a discussion about how my experience can be used to the benefit of the Service in the interim.

4. Dr Ma. My consent for the Health Service to contact Dr Day Hong Ma for clarification, limited to my present work capacity and the recommended adjustments, stands. As I have now been held out of work since 3 July while certified fit, could you please send any questions to Dr Ma promptly, copy me for my records, and advise the timeframe within which my return will be decided once his response is received.

I remain certified fit, ready, and available to work my rostered shifts.

Kind regards,
Cory Shepherd

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From: LBH Injury Management <LBH_InjuryManagement@health.qld.gov.au>
Sent: Monday, 13 July 2026 15:53:26
To: Cory Shepherd <coryshepherd1@hotmail.com>
Cc: Notes - IPEC (notes@solv.com.au) <notes@solv.com.au>
Subject: RE: Cory Shepherd_ECC further information (MSH-INJ-5795)

Good afternoon Cory,

Thank you for your email and for providing your response to the further information requested.

I acknowledge that you have advised you do not wish to provide further information regarding the WorkCover matter referenced in your Employee Capability Checklist (ECC) and that you have provided consent for the Health Service to contact your treating practitioner, Dr Day Hong Ma, for clarification regarding your current work capacity and the recommended workplace adjustments.

As mentioned below in the email sent to you from Ms Forrest on 7 July 2026, we are currently unable to safely support or accommodate a Graduated Return to Work Plan that meets your medical requirements. For us to consider your request to return to duties further we require further medical clarification.

Once this information has been received and appropriately reviewed, the Health Service will be in a position to assess whether a return to restricted duties can be facilitated, and we will advise you of the outcome as soon as practicable.

As you currently have an active open QSuper Income Protection claim, any payments that are applicable to you receiving, would be facilitated by them. You should contact your claim manager James Zappia at QSuper and inform them that we are unable to support a return to work at this time.

Should you have any questions in the meantime, please do not hesitate to contact me.

Kindest Regards

Michelle Harrison
Injury Management Consultant I LBHS HR Team 1

Human Resources
Logan and Beaudesert Hospital and Health Service
4/3-5 University Drive, Meadowbrook Qld 4131

Metro South Health |

e. lbh_InjuryManagement@health.qld.gov.au | Chat on Teams
p. 07 3542 2744
a. Mon-Fri 8am - 4pm

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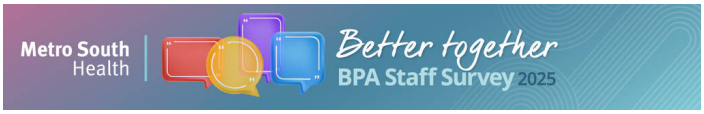

Please be advised that we are currently transitioning into Solv, a new Injury Management Case System. Our documents and communications may change appearance slightly and you may even receive communications from us via the @Solv.com.au email pathway, as this is a new email pathway, please ensure you are regularly checking your Junk folder in your email accounts and save the @solv to your frequent emails so you do not miss any communications. Please note these emails are legitimate and are from us here at lbh_InjuryManagement@health.qld.gov.au. If you have any concerns, please reach out to us via the above contact details.

From: Cory Shepherd <coryshepherd1@hotmail.com>
Sent: Friday, 10 July 2026 8:35 AM
To: Lyndelle Forrest <Lyndelle.Forrest@health.qld.gov.au>
Cc: LBH Injury Management <LBH_InjuryManagement@health.qld.gov.au>
Subject: Re: Cory Shepherd_ECC further information

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you recognise the sender and know the content is safe.

Good morning Ms Forrest,

Thank you for your email of 7 July 2026, which I have only now had the opportunity to consider. Apologies for the delay in responding.

I am certified fit to return to work from 3 July 2026 and am ready and available to return. The ECC records the same reduced work arrangement I have performed for approximately the past twelve months. That arrangement is not new; it is now formally documented by my treating practitioner.

I note that the adjustments identified in the ECC appear to be accommodated by existing practice. Your email confirms that Switchboard operators are not expected to manage or resolve consumer complaints, and that current rostering provides more than 10-hour breaks between shifts and is published in advance. Together with my existing shift arrangement, this appears to address the recommendations in the ECC.

I ask that my return to rostered shifts be facilitated, with any remaining clinical clarification obtained in parallel.

Regarding the further information requested:

- **Workplace matters:** These matters are the subject of proceeding WC/2024/227 before the Queensland Industrial Relations Commission. The Health Service is legally represented through Metro South Legal Services, reference K-LM26/729. I will not provide further particulars through this return-to-work process. Any questions about those matters should be directed to Metro South Legal Services.

- **Clinical recommendations**: The recommendations are those of Dr Day Hong Ma. I am not able to interpret or expand on clinical recommendations. If clarification is required, I consent to the Health Service contacting Dr Hong Ma directly, limited only to my present work capacity and the recommended adjustments.

- **Report dated 13 February 2025:** I do not consent to providing this report through this process. It contains sensitive information beyond what is necessary to implement the ECC recommendations. My present fitness for duty is addressed in the ECC and may be clarified by Dr Hong Ma if required.

If the Health Service decides not to roster me pending its assessment, please confirm that these shifts will be treated as paid time and will not be deducted from my leave, as I am certified fit and available to work.

I remain available to commence at my next rostered shift.

Kind regards,
Cory Shepherd

From: Lyndelle Forrest <Lyndelle.Forrest@health.qld.gov.au>
Sent: Tuesday, July 7, 2026 10:54:35 am
To: coryshepherd1@hotmail.com <coryshepherd1@hotmail.com>
Cc: LBH Injury Management <LBH_InjuryManagement@health.qld.gov.au>
Subject: Cory Shepherd_ECC further information

Good morning Cory

I refer to the Employee Capability Checklist (**ECC**), completed by Dr Day Hong Ma of My Doctor Clinic on 3

July 2026 and returned to the Injury Management Team at 2:30pm that day. It is further noted that due to a section of this document being missing, you were asked to resubmit your ECC for consideration, you sent this on Friday at 3:06pm.

While you have been certified fit to return to work effective from 3 July 2026, this certification is subject to reasonable adjustments being made to your duties and hours of work. As the completed ECC was received late on Friday, 3 July 2026, the Health Service was unable to review Dr Hong Ma's medical recommendations at that time to determine whether the recommended restrictions and adjustments could be reasonably accommodated and whether it was safe for you to return to duty.

I can advise that your ECC has now been reviewed and carefully considered. However, before a final decision can be made regarding your return to the workplace, further information is required. Specifically, it is noted that your treating medical practitioner has advised that there are unresolved workplace matters involving line management. At this stage, the Health Service does not have sufficient information to understand the nature of these matters or assess whether they present any psychosocial hazards or risks that may affect your proposed return to work.

The Health Service remains committed to supporting your safe and sustainable return to work, with your health, safety and wellbeing remaining central to that process. Accordingly, further information is required to enable the Health Service to assess any identified risks, determine whether reasonable adjustments can be supported, and ensure that any return to work is planned and managed in accordance with its obligations under work health and safety legislation.

To assist us in expediting consideration of your reasonable adjustments, please provide further clarification and/or reports referenced below, within seven (7) calendar days.

ECC Recommendation	Further information required
Diagnosis of Major Depressive Disorder with anxious distress, a work-related psychological injury with onset 18 June 2024, with symptoms exacerbated on exposure to identified workplace stressors (complaint handling; being held accountable and blamed for failures of others; unpredictable rostering.	The Health Service is seeking to better understand the work-related psychological injury for which you are currently receiving treatment from a psychologist. It is also noted that Dr Day Hong Ma has referenced a report from your treating psychiatrist dated 13 February 2025. To date, the Health Service has not been provided with, nor had the opportunity to review, this report. To enable the Health Service to appropriately consider and address these matters, further information and/or a copy of this report is requested regarding the workplace issues referred to in the ECC and their impact on your capacity for work.
Complaint handling **No complaint-handling duties, complaints received at the Switchboard to be logged and redirected, not actioned or resolved by Mr Shepherd.**	The Health Service understand that the established process for management of complaints is for all patient concerns to be redirection to the Consumer Liaison Services (CLS). There is no expectation for

	Switchboard operators to manage or deal with these matters. Where a consumer raises concerns in relation to a Switchboard employee, these concerns are referred to the Manager, Switchboard or in her absence, CLS. To understand this concern better and adjustments required, please clarify what features of complaint handling are being referenced and you are expected to resolve within this recommendation.
Predictable Rostering practices, minimum 10-hour break between shifts	Rosters are generally published with four (4) weeks' notice, on four-week rotation. Occasionally, in extenuating circumstances these might be delayed. However, all rosters are released with a minimum of two weeks' notice. The Health Service is not aware of breaching this provision and has not received any Workload Concerns to review, can you please clarify the concerns relating to not providing the minimum break

	between rostered shifts? Noting that rostering currently provides more than 10-hour breaks between shifts, however, acknowledge you also signed an 8 hour agreement on 17 June 2020, which allows you to work with only an 8 hour break, however this is only applied where staff initiated shift swaps have occurred. Please clarify the specific stressors which may exacerbate symptoms.
Being held accountable and blamed for failures of others	It is unclear what matters you are being held accountable and blamed for based on the failures of others or what these concerns relate to. To-date the Health Service is not aware of any concerns being raised for appropriate management. Further clarity on this would assist in understanding this matter.

Until this information is available and has been appropriately assessed, the Health Service is not in a position to safely facilitate your return to normal duties.

Should you have any further questions or concerns, please do not hesitate to contact me via the details

below.

Kind regards

Lyndelle Forrest
Senior Consultant
Human Resources
Logan and Beaudesert Health Service
Metro South Health |

e. Lyndelle.Forrest@health.qld.gov.au | Chat on Teams
p. 07 3542 2028
a. Mon - Fri 7:30am - 4:00pm

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RE: Request for contact re workplace issues

From: Heath Moran heath.moran@together.org.au
To: Cory Shepherd coryshepherd1@hotmail.com
Sent: Wednesday 15 July at 15:27

Thank you for providing this Cory,

I'll have time to go through these concerns on Friday as there is significant material here I don't want to make any comments until I've had a chance to review them. Once I've reviewed them I'll get back to you with my thoughts.

Yours in Union,

Heath Moran
Organiser – South Team

0414 225 851
heath.moran@together.org.au

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Together recognises and respects the Aboriginal and Torres Strait Islander peoples of the lands upon which we undertake our work to promote and defend the interests and values of members. We acknowledge the Traditional Owners and custodians who have cared for this country for thousands of years.

From: Cory Shepherd <coryshepherd1@hotmail.com>
Sent: Tuesday, 14 July 2026 5:03 PM

To: Heath Moran <heath.moran@together.org.au>
Subject: Re: Request for contact re workplace issues

Hi Heath,

Thanks for getting back to me.

I'm handing over my appeal submissions — not to address the appeal itself, but because they give the fullest picture of the workplace issues I raised.

The documents I attach are for you to read over and identify the risks associated in the role. They are not to be shared but the information I provide in the submissions are to assist in identifying the psychosocial risks I believe that are unassessed.

Furthermore, I have no grievances with Ms Taylor personally; I don't know if the same view is shared but I could be wrong.

Happy to talk any of it through once you've read the attachments.

Form 20 is my affidavit and have I described the role and the workplace. I will send a further email of the completed ECC my Dr has completed, and HR has since told me that I may not return.

Regards,
Cory

From: Heath Moran <heath.moran@together.org.au>
Sent: Tuesday, July 14, 2026 4:04:39 pm
To: Cory Shepherd <coryshepherd1@hotmail.com>
Subject: RE: Request for contact re workplace issues

Hey Cory,

Thank you for reaching out this is very serious.

For your matter I'll be sending an urgent referral to our industrial team for assistance, if you've been put on an ECC, completed it and are still being told you cannot return, I need to make sure an industrial officer from Together looks over this before anything is actioned as I need to make sure you get the best information.

I'd be very eager to discuss your ongoing concerns for the hazards in switchboard as this is a recurring theme raised by members.
I have time to talk on Thursday morning around 9-10:30am and time sporadically tomorrow to call in between site visits, are you available any time tomorrow or Thursday morning.

Looking forward to hearing from you.

Yours in Union,

Heath Moran
Organiser – South Team

0414 225 851
heath.moran@together.org.au

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HP DO

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From: Cory Shepherd <coryshepherd1@hotmail.com>
Sent: Tuesday, 14 July 2026 10:50 AM

To: Heath Moran <heath.moran@together.org.au>
Subject: Request for contact re workplace issues

Good morning Heath,

I would like to request a time to speak with you by phone regarding some workplace issues that are causing me serious concern.

Firstly, I understand that Chloe Taylor has informed others that a full-time position will be available soon. My understanding is that this role falls within my line of work, and I would appreciate clarification about the position and my status in relation to it.

Secondly, I have been required to undergo an ECC assessment in order to return to my duties, despite having substantially performed the same role over the past 12 months on reduced hours that I have been able to manage. This requirement was not raised when I previously returned to work following an unfair dismissal matter, which arose after I submitted a public interest disclosure in 2024 that was validated and related to concerns involving Chloe Taylor.

More recently, I was directed not to return to work until my doctor completed the ECC, which has now been done. I am nevertheless still being instructed to remain away from the workplace. I am concerned that this may be connected to my current WorkCover appeal, in which I have raised systemic risks to patient safety arising from how the switchboard is being run, and have explained in detail how those risks contributed to my injury and to subsequent reprisal.

I would welcome the opportunity to discuss these matters with you, including the full-time position, the ECC requirements, and my ongoing exclusion from work. I would also like to share the records I hold, the risks I have identified, and why I consider Switchboard to be an unassessed psychosocial

hazard, including the ways in which its current operation affects both patients and employees, together with the adverse action that I believe is presently being applied against me.

Kind regards

Cory

RE: INFORMATION UPDATE | QSuper Income Protection Claim: Cory Shepherd (MSH-INJ-5795) [CLM-317073]

From: LBH Injury Management LBH_InjuryManagement@health.qld.gov.au
To: Cory Shepherd coryshepherd1@hotmail.com, James Zappia james.zappia@art.com.au
Cc: notes@solv.com.au notes@solv.com.au
Sent: Wednesday 15 July at 13:10

Good afternoon Cory,

The only information supplied to QSuper/ART from injury management is the email I cc'd you in on Monday 13/07/2026, which confirmed if the Health Service could support your return or not. This is in line with our process where a QSuper Claimant requests to return to duties.

In relation to conversations, again, these have related to if the Health Service could support your return to duties and that you have a current QSuper Income Protection Claim.

Consent for QSuper (Australian Retirement Trust) to obtain information from Metro South Health was provided when you completed and signed the declaration and authorisation on page 7 of your Income Protection Application. That authorisation permits QSuper to request relevant information from your employer in relation to your claim.

I will endeavour to complete the Request for Medical Information expeditiously; however, I am unable to commit to a timeframe for this.

In relation to your pay request, as we have been provided information that you do hold a current QSuper Income Protection Claim, we are not responsible for your payments whilst on this claim,

that does sit with your QSuper Claim Manager to discuss with you. Where you have received advice from QSuper/ART that your claim has been closed, please provide a copy of this correspondence and/or email from QSuper/ART for our records.

In relation to your request to perform duties in an alternative work area while this matter is being assessed and having regard to the medical information provided by Dr Ma in the Employee Care Centre (ECC) assessment, the Health Service is unable to consider this arrangement at this stage. This is because further medical information is required to understand the nature of the matters identified by Dr Ma and to assess whether they present any psychosocial hazards or risks that may affect your proposed return to work in any capacity. Until this information is received and considered, the Health Service is unable to undertake an appropriate assessment of your request.

I will also clarify that the obligation to provide rehabilitation and suitable duties under the *Workers' Compensation and Rehabilitation Act 2003 (Qld)* applies to workers with accepted workers' compensation claims. It does not extend to employees being managed through Health Management processes or those receiving QSuper (Australian Retirement Trust) Income Protection benefits.

As such, any return to work under a Health Management or QSuper Income Protection arrangement is subject to the employer being able to safely accommodate the medical restrictions within the operational requirements of the workplace and remains at the discretion of the Employer if they are safely able to accommodate this.

Kindest Regards
Michelle Harrison

Injury Management Consultant | LBHS HR Team 1

Human Resources
Logan and Beaudesert Hospital and Health Service
4/3-5 University Drive, Meadowbrook Qld 4131

Metro South Health |

e. lbh_InjuryManagement@health.qld.gov.au | Chat on Teams
p. 07 3542 2744
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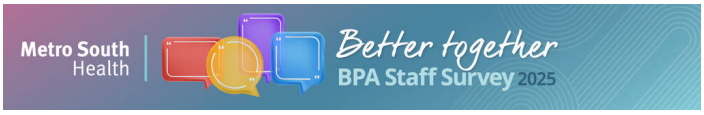

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From: Cory Shepherd <coryshepherd1@hotmail.com>
Sent: Monday, 13 July 2026 4:57 PM
To: LBH Injury Management <LBH_InjuryManagement@health.qld.gov.au>; James Zappia <james.zappia@art.com.au>
Cc: notes@solv.com.au
Subject: Re: INFORMATION UPDATE | QSuper Income Protection Claim: Cory Shepherd (MSH-INJ-5795) [CLM-317073]

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Good afternoon Michelle,

I acknowledge receipt of your correspondence to Mr Zappia at QSuper. Four matters in response.

1. Disclosure to QSuper. For my records, could you please confirm what documents and information have been provided to QSuper/ART in relation to me, on what dates, and the authority relied upon for providing my health information to the fund — noting my advice that the income protection claim is closed. Could you also confirm the substance of what was discussed with Mr Zappia by telephone. I will be corresponding with Mr Zappia directly regarding the fund's position.

2. The request to Dr Ma. I note the Request for Medical Information will be forwarded "over the coming days." As I have now been held out of work since 3 July while certified fit, I ask that it be sent within three (3) business days, with a copy provided to me as previously requested, and that you advise the timeframe within which my return to work will be decided once Dr Ma's response is received.

I would also note that 28 August 2026 is Dr Ma's review date for the restrictions — it is not a start date for my capacity to work within them, which is certified now and has been since 3 July. A process paced to late August would leave me without work or income for some eight weeks while certified fit, which I trust is not the Service's intention.

3. Pay. My request — made in each of my previous emails — that rostered shifts during this employer-directed period be treated as paid time and not

deducted from my leave remains unanswered. I renew it. If the Health Service's position is that these shifts will be unpaid or deducted from my leave, please confirm that in writing, together with the basis for it, so that I can consider my position.

4. Interim alternative duties. My offer to perform suitable interim duties within my certified capacity — drawing on my prior Metro South Health experience in the finance department and in scanning/records and to my substantive Switchboard position — also remains open and unanswered. I would welcome a response.

I remain certified fit, ready, and available to work my rostered shifts.

Kind regards,
Cory Shepherd

From: LBH Injury Management <LBH_InjuryManagement@health.qld.gov.au>
Sent: Monday, July 13, 2026 4:20:56 pm
To: James Zappia <james.zappia@art.com.au>
Cc: notes@solv.com.au <notes@solv.com.au>; Cory Shepherd <coryshepherd1@hotmail.com>
Subject: INFORMATION UPDATE | QSuper Income Protection Claim: Cory Shepherd (MSH-INJ-5795) [CLM-317073]

Good afternoon James,

Thank you for taking the time to speak with me this afternoon.

As discussed, based on the information currently available, we are unable to facilitate Cory's return to work in accordance with the restrictions outlined in the attached Employee Capabilities Checklist (ECC) completed by his treating practitioner.

To ensure we have sufficient information to make an informed decision, we will be seeking further medical clarification from Dr Day Hong Ma. This will assist us in better understanding the context of the recommended workplace adjustments and whether a restricted return to work can be safely and operationally supported. Once this information has been received, we will undertake a further review of Cory's capacity for work.

I note that Dr Day Hong Ma has nominated a review date of 28 August 2026. Over the coming days, we will forward a Request for Medical Information to Dr Day Hong Ma to obtain further clarification regarding the recommended restrictions, including the reduction in hours from Cory's substantive position, to assist us in determining whether a safe and sustainable return to work can be facilitated.

Please don't hesitate to contact me if you have any questions or require any further information.

Kindest Regards

Michelle Harrison
Injury Management Consultant | LBHS HR Team 1
Human Resources
Logan and Beaudesert Hospital and Health Service
4/3-5 University Drive, Meadowbrook Qld 4131
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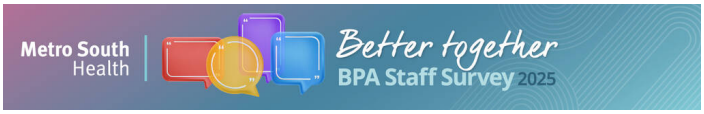

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RE: INFORMATION UPDATE | QSuper Income Protection Claim: Cory Shepherd (MSH-INJ-5795) [CLM-317073]

From: LBH Injury Management LBH_InjuryManagement@health.qld.gov.au
To: Cory Shepherd coryshepherd1@hotmail.com, James Zappia james.zappia@art.com.au
Cc: notes@solv.com.au notes@solv.com.au
Sent: Wednesday 15 July at 13:10

Good afternoon Cory,

The only information supplied to QSuper/ART from injury management is the email I cc'd you in on Monday 13/07/2026, which confirmed if the Health Service could support your return or not. This is in line with our process where a QSuper Claimant requests to return to duties.

In relation to conversations, again, these have related to if the Health Service could support your return to duties and that you have a current QSuper Income Protection Claim.

Consent for QSuper (Australian Retirement Trust) to obtain information from Metro South Health was provided when you completed and signed the declaration and authorisation on page 7 of your Income Protection Application. That authorisation permits QSuper to request relevant information from your employer in relation to your claim.

I will endeavour to complete the Request for Medical Information expeditiously; however, I am unable to commit to a timeframe for this.

In relation to your pay request, as we have been provided information that you do hold a current QSuper Income Protection Claim, we are not responsible for your payments whilst on this claim,

that does sit with your QSuper Claim Manager to discuss with you. Where you have received advice from QSuper/ART that your claim has been closed, please provide a copy of this correspondence and/or email from QSuper/ART for our records.

In relation to your request to perform duties in an alternative work area while this matter is being assessed and having regard to the medical information provided by Dr Ma in the Employee Care Centre (ECC) assessment, the Health Service is unable to consider this arrangement at this stage. This is because further medical information is required to understand the nature of the matters identified by Dr Ma and to assess whether they present any psychosocial hazards or risks that may affect your proposed return to work in any capacity. Until this information is received and considered, the Health Service is unable to undertake an appropriate assessment of your request.

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As such, any return to work under a Health Management or QSuper Income Protection arrangement is subject to the employer being able to safely accommodate the medical restrictions within the operational requirements of the workplace and remains at the discretion of the Employer if they are safely able to accommodate this.

Kindest Regards
Michelle Harrison

Injury Management Consultant | LBHS HR Team 1

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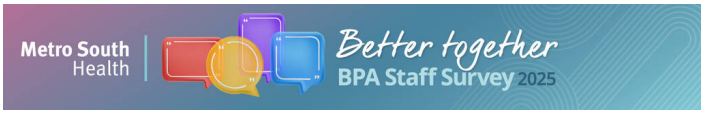

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From: Cory Shepherd <coryshepherd1@hotmail.com>
Sent: Monday, 13 July 2026 4:57 PM
To: LBH Injury Management <LBH_InjuryManagement@health.qld.gov.au>; James Zappia <james.zappia@art.com.au>
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I remain certified fit, ready, and available to work my rostered shifts.

Kind regards,
Cory Shepherd

From: LBH Injury Management <LBH_InjuryManagement@health.qld.gov.au>
Sent: Monday, July 13, 2026 4:20:56 pm
To: James Zappia <james.zappia@art.com.au>
Cc: notes@solv.com.au <notes@solv.com.au>; Cory Shepherd <coryshepherd1@hotmail.com>
Subject: INFORMATION UPDATE | QSuper Income Protection Claim: Cory Shepherd (MSH-INJ-5795) [CLM-317073]

Good afternoon James,

Thank you for taking the time to speak with me this afternoon.

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To ensure we have sufficient information to make an informed decision, we will be seeking further medical clarification from Dr Day Hong Ma. This will assist us in better understanding the context of the recommended workplace adjustments and whether a restricted return to work can be safely and operationally supported. Once this information has been received, we will undertake a further review of Cory's capacity for work.

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Please don't hesitate to contact me if you have any questions or require any further information.

Kindest Regards

Michelle Harrison
Injury Management Consultant | LBHS HR Team 1
Human Resources
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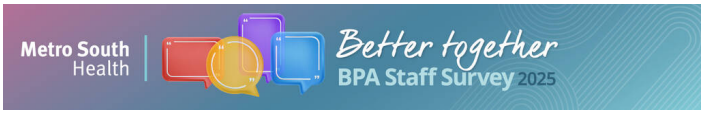

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RE: Request for contact re workplace issues

From: Heath Moran heath.moran@together.org.au
To: Cory Shepherd coryshepherd1@hotmail.com
Sent: Friday 17 July at 15:27

Hey Cory,

To keep you updated I'm still reviewing this information and I'm speaking to our industrial team about best steps forward.
Once I have more I'll let you know.

Yours in Union,

Heath Moran
Organiser – South Team

0414 225 851
heath.moran@together.org.au

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From: Cory Shepherd <coryshepherd1@hotmail.com>
Sent: Thursday, 16 July 2026 4:42 PM

To: Heath Moran <heath.moran@together.org.au>
Subject: Re: Request for contact re workplace issues

Good afternoon Heath,

The final piece for your review — the full email chain ending with HR's letter of 15 July 2026 (attached), which sets out their position in writing. I've held off responding pending your review and the industrial team's advice. I will however include you in any further correspondence. To make Friday easier, here is the chain in short, and the issues as I understand them.

What the chain shows

13 July: HR (Michelle Harrison, Injury Management) phoned and then wrote to my QSuper case manager advising the Health Service is "unable to facilitate" my return — before the further medical information they say they need had been requested from my GP.

13 July (me): I asked four things — what was disclosed to the fund and on what authority; that the Request for Medical Information to my GP go out within 3 business days with a copy to me, and the decision timeframe once his response arrives; that my rostered shifts while held out be paid and not taken from my leave; and a response to my standing offer of interim duties.

15 July (their letter): the request to my GP has no timeframe ("unable to commit"); pay is refused on the basis that I "hold a current QSuper Income Protection Claim" (I don't — it is closed, and I've asked the fund for written confirmation); interim duties are refused "in any capacity" pending the un-timetabled GP request; and my situation "remains at the discretion of the Employer" because I don't have an accepted workers' compensation claim, with reference to employees "being managed through Health Management processes."

Issue 1 — the situation is being mischaracterised as a "return to work." I have been continuously employed and working my shifts for the past year, on hours I adjusted within my certified capacity. Throughout that period I kept the fund side correct myself: while the appeal was ongoing I asked QSuper to assess my payslips and adjust my benefit to partial payments reflecting the hours I was actually working, and ultimately my income protection payments stopped at my own request, to prevent overpayment, because I was working. On 3 July at about 2:32pm I provided the Employee Capability Checklist my GP completed certifying me fit to work with identified restrictions — as a serving employee updating my medical information as requested by my employer while finalising my super matters, not as an application for permission to work. I was rostered to work at that time. By about 3:30pm the same day — under an hour — I was held out of the workplace "pending review," with my rostered shifts "paid out of [my] available sick leave." I have been out since, thirteen days now, with no timeframe. Accurately described, I am a working employee directed not to attend by my employer while certified fit — not an absent employee requesting to return. Their letters (including to my super fund) describe me as "a QSuper Claimant request[ing] to return to duties," which is wrong on both counts.

Issue 2 — pay and leave. I am, and at all times since 3 July have been, ready, willing and able to work my rostered shifts; the decision that I not attend is the Health Service's, not mine. No stand-down, suspension or other power has been identified to me, yet the shifts are being debited against my own sick leave — leave that exists to cover incapacity, which on their own file I don't have, and which I have already substantially exhausted through my illness. Their stated basis for refusing pay — that the fund is responsible — rests

on a claim that is closed, and in any event an insurance benefit is not wages.

Issue 3 — the policies and frameworks I believe are being misapplied or ignored. Their letter treats the absence of an accepted workers' compensation claim as leaving everything to "the discretion of the Employer." As I understand it, that is not a complete statement of the position:
(a) Queensland Health's Workplace Rehabilitation Standard (QH-IMP-401-5) provides that rehabilitation, suitable duties and temporary adjustments may be provided to employees without an accepted workers' compensation claim where operationally reasonable, and that managers are responsible for identifying such duties;
(b) Queensland Health's Reasonable Adjustment policy (QH-POL-210) applies to my circumstances;
(c) the Anti-Discrimination Act 1991 (Qld), including the positive duty in force since 1 July 2025, and the Human Rights Act 2019 (Qld) s 58, apply to decisions the Health Service makes about my employment;
(d) the Work Health and Safety Act 2011 (Qld), ss 47–49, requires consultation with me about matters affecting my health and safety. There has been none: the 3 July decision was made and communicated within the hour, and I have not been consulted since — even though their letter now frames the assessment in psychosocial-risk terms.

Issue 4 — "Health Management processes." Their letter says the rehabilitation obligations don't extend to employees "being managed through Health Management processes" — but no one has told me whether I am in such a process, which one, under what policy or statutory instrument, when it commenced, or who the decision-maker is. If this is the Public Sector Act 2022 chapter 3, part 8 pathway, I don't understand how its preconditions

could be met — I was working until directed not to attend, and I hold a current fitness-for-duty certification.

Issue 5 — the request to my GP. There is no timeframe to send it and no timeframe to decide once it's answered, and their letter describes its subject as "the nature of the matters identified by Dr Ma" — which reads wider than the restrictions themselves. I have asked that any request to my GP be copied to me and confined to my capacity, my restrictions, and their operational application.

Issue 6 — the two-year reversal on "psychosocial risk." The psychosocial concerns in this workplace were raised by me, beginning more than two years ago: fatigue and rest-break breaches (including the March 2024 rostering that left me a 7-hour break between shifts), unresolved pay failures, and switchboard workload and communication-flow issues — including in a written grievance on 7 August 2023 that was dismissed the same day it was lodged, and later in the disclosure I mentioned in my first email.

To my knowledge, no psychosocial risk assessment of the switchboard was ever undertaken in response to any of it, and I managed my own exposure over the past year by adjusting my hours within my certified capacity.

The first time the Health Service has applied psychosocial-risk language to this workplace in writing is the 15 July letter — and its subject is not the hazards I raised, but me: whether the "matters identified by Dr Ma" (that is, my medical condition) "present any psychosocial hazards or risks." Two years on, the hazards remain unassessed, and the worker who raised them — and was injured — has become the subject of the assessment. Given you mentioned switchboard hazards are a recurring

theme from members, I'd particularly value the industrial team's view on that sequence.

I had prepared a full response to HR raising all of this, with the policy citations — I'm holding it and won't send anything until you and the industrial team have advised.

One further matter for awareness: while I have been held out, a colleague Caroline has contacted me asking whether I have been dismissed, and I understand the upcoming full-time position I mentioned in my first email has been communicated to casual staff. So, while I am excluded from the workplace with no timeframe, my absence is being noticed by colleagues, and a full-time role in my line of work is being discussed with casuals.

Thanks again for moving quickly on this.

Kind regards,
Cory Shepherd
0417 400 227

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From: Heath Moran <heath.moran@together.org.au>
Sent: Wednesday, July 15, 2026 3:27:25 pm
To: Cory Shepherd <coryshepherd1@hotmail.com>
Subject: RE: Request for contact re workplace issues

Thank you for providing this Cory,

I'll have time to go through these concerns on Friday as there is significant material here I don't want to make any comments until I've had a chance to review them. Once I've reviewed them I'll get back to you with my thoughts.

Yours in Union,

Heath Moran
Organiser – South Team

0414 225 851
heath.moran@together.org.au

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From: Cory Shepherd <coryshepherd1@hotmail.com>
Sent: Tuesday, 14 July 2026 5:03 PM
To: Heath Moran <heath.moran@together.org.au>
Subject: Re: Request for contact re workplace issues

Hi Heath,

Thanks for getting back to me.

I'm handing over my appeal submissions — not to address the appeal itself, but because they give the fullest picture of the workplace issues I raised.

The documents I attach are for you to read over and identify the risks associated in the role. They are not to be shared but the information I provide in the submissions are to assist in identifying the psychosocial risks I believe that are unassessed.

Furthermore, I have no grievances with Ms Taylor personally; I don't know if the same view is shared but I could be wrong.

Happy to talk any of it through once you've read the attachments.

Form 20 is my affidavit and have I described the role and the workplace. I will send a further email of the completed ECC my Dr has completed, and HR has since told me that I may not return.

Regards,
Cory

From: Heath Moran <heath.moran@together.org.au>
Sent: Tuesday, July 14, 2026 4:04:39 pm
To: Cory Shepherd <coryshepherd1@hotmail.com>
Subject: RE: Request for contact re workplace issues

Hey Cory,

Thank you for reaching out this is very serious.

For your matter I'll be sending an urgent referral to our industrial team for assistance, if you've been put on an ECC, completed it and are still being told you cannot return, I need to make sure an industrial officer from Together looks over this before anything is actioned as I need to make sure you get the best information.

I'd be very eager to discuss your ongoing concerns for the hazards in switchboard as this is a recurring theme raised by members.
I have time to talk on Thursday morning around 9-10:30am and time sporadically tomorrow to call in between site visits, are you available any time tomorrow or Thursday morning.

Looking forward to hearing from you.

Yours in Union,

Heath Moran
Organiser – South Team

0414 225 851
heath.moran@together.org.au

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From: Cory Shepherd <coryshepherd1@hotmail.com>
Sent: Tuesday, 14 July 2026 10:50 AM
To: Heath Moran <heath.moran@together.org.au>
Subject: Request for contact re workplace issues

Good morning Heath,

I would like to request a time to speak with you by phone regarding some workplace issues that are causing me serious concern.

Firstly, I understand that Chloe Taylor has informed others that a full-time position will be available soon. My understanding is that this role falls within my line of work, and I would appreciate clarification about the position and my status in relation to it.

Secondly, I have been required to undergo an ECC assessment in order to return to my duties, despite having substantially performed the same role over

the past 12 months on reduced hours that I have been able to manage. This requirement was not raised when I previously returned to work following an unfair dismissal matter, which arose after I submitted a public interest disclosure in 2024 that was validated and related to concerns involving Chloe Taylor.

More recently, I was directed not to return to work until my doctor completed the ECC, which has now been done. I am nevertheless still being instructed to remain away from the workplace. I am concerned that this may be connected to my current WorkCover appeal, in which I have raised systemic risks to patient safety arising from how the switchboard is being run, and have explained in detail how those risks contributed to my time off work and to subsequent reprisal.

I would welcome the opportunity to discuss these matters with you, including the full-time position, the ECC requirements, and my ongoing exclusion from work. I would also like to share the records I hold, the risks I have identified, and why I consider Switchboard to be an unassessed psychosocial hazard, including the ways in which its current operation affects both patients and employees, together with the adverse action that I believe is presently being applied against me.

Kind regards

Cory

Outlook

Process Notification - Employee

From myHR Workflow System <no-reply_cts@health.qld.gov.au>
Date Mon 2026-07-20 11:22
To Cory Shepherd <Cory.Shepherd@health.qld.gov.au>

The Smart Leave Request details below have been processed:

Personnel Assignment - 00388372
Employee Name - Cory Shepherd

Start Date : 19.07.2026
End Date : 19.07.2026

Leave details:
- Income Protection - No Pay
- No Pay

Requested by: Chloe Donovan-Taylor (371009)
Requested on: 20.07.2026

Technical Support Information:
If you encounter technical difficulties with this work item, please include the following information in your correspondence with support.

Work Item ID: 000978806568
Process Reference Number: 000024480353

Outlook

New Payroll Enquiry

From noreply@health.qld.gov.au <noreply@health.qld.gov.au>
Date Wed 2026-07-22 16:23
To Cory Shepherd <Cory.Shepherd@health.qld.gov.au>; Chelsey Meighan <Chelsey.Meighan@health.qld.gov.au>

Thank you for your payroll enquiry, the following information is supplied for your reference:

Enquiry Status

Log Number: 4438861
Current Status: Pending Investigation
Lodgement Date: 22-Jul-2026

Enquiry Employee Details

Employee PAN: 00388372
Employee Name: Cory Shepherd

Enquiry Details

Enquiry Type: Enquiry

Response to 2-15 July 2026 correspondence - incorrect application of EB12, Award and QH policies - ECC 3 July 2026 (MSH-INJ-5795)

From: Cory Shepherd coryshepherd1@hotmail.com
To: LBH_InjuryManagement@health.qld.gov.au LBH_InjuryManagement@health.qld.gov.au, Lyndelle Forrest lyndelle.forrest@health.qld.gov.au
Cc: Heath Moran heath.moran@together.org.au, James Zappia james.zappia@art.com.au
Sent: Tuesday 28 July at 17:39

Dear Michelle / Injury Management / HR,

I refer to your correspondence and Switchboard management correspondence between 2 and 15 July 2026, including:

• Chloe Taylor, 2 July 2026 — unable to "facilitate" return until a completed ECC; shifts processed as sick leave / sick leave no pay;
• my provision of the completed Employee Capability Checklist (ECC) of 3 July 2026 (Dr Day Hong Ma) while I was rostered and working;
• the same-day direction that I not attend "pending review";
• Injury Management correspondence of 7–13 July 2026 that restricted duties could not be facilitated without further medical clarification from Dr Ma;
• your email of 13 July 2026 to ART that Metro South Health was unable to facilitate my return under the ECC (MSH-INJ-5795 / CLM-317073);
• your email of 15 July 2026 (13:10) — pay sits with QSuper because of a "current" IP claim; alternative duties refused "in any capacity"; WCRA rehabilitation limited to accepted claims; return at employer discretion; further medical about psychosocial risk to my return; and
• leave coding as "income protection no pay" from 13 July 2026.

I remain ready, willing and able to work within the 3 July

2026 ECC. I do not abandon my employment. I am taking industrial advice through Together Union.

I am an HHS administrative employee. The industrial framework that applies is attached. Please respond by reference to each attachment.

ATTACHMENTS
ATT02 — Queensland Public Health Sector Certified Agreement (No. 12) 2025 (EB12) — current agreement
ATT03 — Hospital and Health Service General Employees (Queensland Health) Award – State 2015
ATT05 — Managing the risk of psychosocial hazards at work Code of Practice 2022 (Qld)
ATT09 — QH-IMP-401-5 Workplace Rehabilitation Standard
ATT10 — QH-POL-210 Reasonable Adjustment (HR Policy G3)
ATT12 — Directive 12/24: Special Leave (applies under EB12 cl 9.12)
ATT13 — QH-POL-231 Special leave (HR Policy C7)
ATT14 — Administration Officer, Switchboard Services (AO3) Role Description

FACTS
The 3 July 2026 ECC certifies me fit for modified duties and reduced hours from 3 July 2026 as a continuation of the existing arrangement. The doctor viewed the AO3 Switchboard position description (ATT14) and recorded that usual switchboard duties remain suitable with stated modifications (including no complaint-handling; limits on peak weekday day/afternoon shifts; predictable rostering; minimum 10-hour break). I was performing work consistent with those limits when I provided the ECC. The same-day direction not to attend disrupted that work. The 28 August 2026 date on the ECC is a review of restrictions — not the start of capacity.

WHAT HAS BEEN WRONGLY APPLIED

1. "Current QSuper Income Protection claim" → ordinary pay sits with ART (your 15 July email)

Wrong application.
• An IP file is not ordinary wages for a permanent employee who is certified fit, ready and available, and directed by the employer not to attend.

• On the material available to me notified by employee (myself) May 2025 and February 2026 and now 3rd July 2026 certification of that partial capacity, ART put benefit payments are not applied from 1 June 2026. Treating the Fund as presently replacing ordinary pay is incorrect on that record. Partial capacity and partial payment does not dislodge this framing.
• IP administration is separate (Mr Zappia). It does not displace ATT02 EB12 cl 6.1 (employment security) or ATT02 EB12 cl 7.1.5(g)–(h) (injury management; management of ill or injured employees).
• Coding "IP no pay" while held out after an ECC is not a correct application of ATT02 or of ATT12/ATT13 (special leave).

2. WCRA rehabilitation only if accepted claim; return purely at "employer discretion" (your 15 July email)

Wrong application.
• Even if WCRA statutory rehab is limited to accepted claims, that does not exhaust your duties under ATT02 (EB12), ATT03 (HHS Award), ATT10 (QH-POL-210) and ATT09 (QH-IMP-401-5).
• ATT10 applies to all Queensland Health / HHS employees and includes temporary reasonable adjustment for rehabilitation/RTW and for capacity restriction — not only accepted workers' compensation claims.
• ATT02 EB12 cl 7.1.5 requires the parties to address injury management, management of ill or injured employees, fatigue, psychosocial issues and the Code of Practice 2022 (ATT05), and security for administrative staff in frontline positions.
• "Discretion" does not correctly authorise indefinite exclusion, refusal of interim duties "in any capacity," and non-payment without applying ATT09, ATT10 and ATT02 Parts 6 and 7.

3. Further medical framing me as the psychosocial risk before return "in any capacity" (your 13–15 July emails)

Wrong application of ATT05 and ATT02.
• ATT05 and ATT02 EB12 cl 7.2 require assessment of psychosocial hazards in the workplace and work system (including workplace risk assessments as requested through an HCF by employer or union).
• The 3 July ECC already identifies workplace stressors (complaint-handling; blame for others' failures;

rostering/fatigue; unresolved line-management matters). Those are workplace issues under ATT05 and ATT02 cl 7.1.5(j) and 7.2.
• Framing psychosocial risk as a personal barrier inside Injury Management / QSuper misapplies ATT02 cl 7.2 and cl 7.1.11 (feedback when WHS matters are raised).
• Workplace psychosocial issues I have raised over more than two years are not properly dealt with by indefinite IM hold-out. That process is not the correct forum under ATT02 cl 7.2.
• I will cooperate with reasonable medical requests that are specific and linked to identified job tasks under ATT14. Open-ended further medical is not a correct precondition to all duties where ATT14 and the ECC already define capacity I have been performing.

4. "Unable to facilitate" / no alternative duties (Chloe 2 July; your 13–15 July emails)

Wrong application of ATT09, ATT10 and ATT02.
• Chloe's 2 July email made facilitation conditional on a completed ECC. I provided that ECC on 3 July while working. Facilitation was then refused and I was directed off — the opposite of facilitating return on the medical basis required.
• The ECC states fit from 3 July as continuation of the existing arrangement and that usual switchboard duties remain suitable with modifications against ATT14. Refusing all duties "in any capacity" does not correctly apply ATT10, ATT09 or ATT02 cl 7.1.5(f)–(h).
• Correct application requires identifying any specific duty and restriction said to be incompatible, what modification was considered, and what was rejected — not a blanket refusal.

5. Leave coding as sick leave / sick leave no pay / "IP no pay" while certified fit and directed not to attend

Wrong application of ATT02, ATT12 and ATT13.
• From 3 July 2026 the relevant absence is employer-directed while I am certified fit and available. That is not ordinary sick leave for that period.
• "IP no pay" is not the correct industrial answer under ATT02 when the employer has directed me off after an ECC.
• ATT02 EB12 cl 9.12 provides that Directive 12/24: Special Leave (ATT12) applies to employees covered by the Agreement. ATT13 QH-POL-231 (C7) also applies.

• Special leave under ATT12 and ATT13 must be applied for employer-directed exclusion while I am ready, willing and able within the ECC. Where the only barrier is refusal to facilitate certified duties, special leave on full pay (or ordinary pay as if at work) must be applied. Please correct coding and identify the delegate and instrument for each day from 3 July.

6. Treating 28 August 2026 as if capacity only starts then

Wrong application of the ECC itself.
• 28 August 2026 is the next review of restrictions. 3 July 2026 is the date fit to commence the certified arrangement. Capacity is certified now.

WHAT YOU MUST APPLY

ATT02 EB12 cl 6.1 — employment security
ATT02 EB12 cl 7.1.5 — injury management; ill or injured employees; fatigue; psychosocial issues + ATT05; admin frontline security
ATT02 EB12 cl 7.2 — psychosocial risk assessments of workplaces
ATT02 EB12 cl 7.1.11 — feedback on WHS matters
ATT02 EB12 cl 9.12 + ATT12 + ATT13 — Special Leave
ATT03 — hours, breaks and rostering with the Agreement
ATT09 — workplace rehabilitation / RTW pathway
ATT10 — reasonable adjustment (including temporary adjustment and capacity restriction)
ATT05 — workplace psychosocial risk
ATT14 — task match to the AO3 role the doctor viewed

REQUESTS — PLEASE RESPOND IN WRITING WITHIN 5 BUSINESS DAYS

1. Facilitate my return under the 3 July 2026 ECC (or a written suitable duties plan implementing it: start date, hours, location, tasks, review date) by applying ATT09, ATT10 and ATT02 cl 7.1.5.
2. Complete a task-by-task match of ATT14 to the 3 July ECC. If you maintain you cannot facilitate, identify each restriction and duty and what was considered and rejected.
3. Be specific about any further medical still said to be required: exact questions; which ATT14 job task each relates to; what on the existing ECC is said to be insufficient.

4. Apply special leave under ATT02 cl 9.12, ATT12 and ATT13 for employer-directed days from 3 July while certified fit and available; correct "IP no pay" / sick no pay coding; identify delegate and instrument.
5. Confirm ordinary pay treatment for periods I was ready and available within the ECC but directed not to attend.
6. Confirm compliance with the direction not to attend is not abandonment or unauthorised absence (ATT02 cl 6.1).
7. Arrange a workplace-directed psychosocial risk assessment under ATT02 cl 7.2 and ATT05.
8. Identify the decision-maker for facilitation, suitable duties, special leave and pay, and the instrument for the 3 July direction not to attend.

I will continue to provide reasonable medical information directed to placement and safety. Please make further requests specific and linked to ATT14 tasks.

My QIRC appeal WC/2024/227 is separate. ART/QSuper is being addressed with Mr Zappia.

I look forward to your written response and a meeting date to facilitate return under the attached agreements and policies.

Yours sincerely,
Cory Lea Shepherd
0417 400 227
MSH-INJ-5795

RE: Response to 2-15 July 2026 correspondence - incorrect application of EB12, Award and QH policies - ECC 3 July 2026 (MSH-INJ-5795)

From: LBH Injury Management LBH_InjuryManagement@health.qld.gov.au
To: Cory Shepherd coryshepherd1@hotmail.com, Lyndelle Forrest Lyndelle.Forrest@health.qld.gov.au
Cc: Heath Moran heath.moran@together.org.au, James Zappia james.zappia@art.com.au
Sent: Wednesday 29 July at 16:10

Good afternoon Cory,

Thank you for your email dated 28 July 2026. We acknowledge receipt of your correspondence and the attached documentation.

As previously advised, the Injury Management Team requires further information from your treating medical practitioner before we are able to determine whether Metro South Health can safely facilitate your return to duties.

The Employee Capabilities Checklist (ECC) provided has been reviewed; however, further clarification is required regarding your functional capacity and the medical restrictions identified to enable an informed assessment of whether suitable duties can be accommodated safely and operationally.

This request is consistent with Metro South Health's obligations under the *Work Health and Safety Act 2011 (Qld)* to ensure, so far as is reasonably practicable, the health and safety of workers and others in the workplace. While your treating medical practitioner's advice is an important consideration, Queensland Health has an independent obligation to assess the medical information provided alongside the inherent requirements of the role and determine whether duties can be safely facilitated.

To assist in progressing this matter, please confirm whether you would prefer to take our request for further medical information to your treating general practitioner yourself, or alternatively, complete and return the attached Employee Authority Form (EAF) authorising the Injury Management Team to write directly to your treating practitioner. Should you choose the latter option, you will be copied into our correspondence with your treating practitioner for your records.

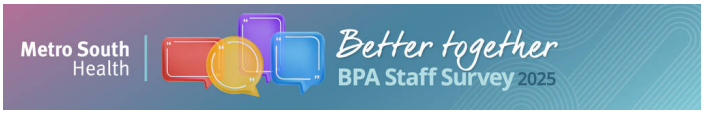
Once the requested medical clarification has been received, we will review the information and advise you of the outcome regarding your capacity to return to duties.

Kindest Regards

Michelle Harrison
Injury Management Consultant | LBHS HR Team 1
Human Resources
Logan and Beaudesert Hospital and Health Service
4/3-5 University Drive, Meadowbrook Qld 4131
Metro South Health |

e. lbh_InjuryManagement@health.qld.gov.au | Chat on Teams
p. 07 3542 2744
a. Mon-Fri 8am - 4pm

Metro South Health recognises and pays respect to the traditional custodians of the land and waters – the Yugambeh, Quandamooka, Jaggera, Ugarapul, Turrbal, and Mununjali peoples – and to Elders, past, present and emerging.



Please be advised that we are currently transitioning into Solv, a new Injury Management Case System. Our documents and communications may change appearance slightly and you may even receive communications from us via the @Solv.com.au email pathway, as this is a new email pathway, please ensure you are regularly checking your Junk folder in your email accounts and save the @solv to your frequent emails so you do not

miss any communications. Please note these emails are legitimate and are from us here at lbh_InjuryManagement@health.qld.gov.au. If you have any concerns, please reach out to us via the above contact details.

-----Original Message-----
From: Cory Shepherd <coryshepherd1@hotmail.com>
Sent: Tuesday, 28 July 2026 5:40 PM
To: LBH Injury Management <LBH_InjuryManagement@health.qld.gov.au>; Lyndelle Forrest <Lyndelle.Forrest@health.qld.gov.au>
Cc: Heath Moran <heath.moran@together.org.au>; James Zappia <james.zappia@art.com.au>
Subject: Response to 2-15 July 2026 correspondence - incorrect application of EB12, Award and QH policies - ECC 3 July 2026 (MSH-INJ-5795)

This email originated from outside Queensland Health. DO NOT click on any links or open attachments unless you recognise the sender and know the content is safe.
Dear Michelle / Injury Management / HR,

I refer to your correspondence and Switchboard management correspondence between 2 and 15 July 2026, including:

• Chloe Taylor, 2 July 2026 — unable to "facilitate" return until a completed ECC; shifts processed as sick leave / sick leave no pay; • my provision of the completed Employee Capability Checklist (ECC) of 3 July 2026 (Dr Day Hong Ma) while I was rostered and working; • the same-day direction that I not attend "pending review"; • Injury Management correspondence of 7–13 July 2026 that restricted duties could not be facilitated without further medical clarification from Dr Ma; • your email of 13 July 2026 to ART that Metro South Health was unable to facilitate my return under the ECC (MSH-INJ-5795 / CLM-317073); • your email of 15 July 2026 (13:10) — pay sits with QSuper because of a "current" IP claim; alternative duties refused "in any capacity"; WCRA rehabilitation limited to accepted claims; return at employer discretion; further medical about psychosocial risk to my return; and • leave coding as "income protection no pay" from 13 July 2026.

I remain ready, willing and able to work within the 3 July 2026 ECC. I do not abandon my employment. I am taking industrial advice through Together Union.

I am an HHS administrative employee. The industrial framework that applies is attached. Please respond by reference to each attachment.

ATTACHMENTS
ATT02 — Queensland Public Health Sector Certified Agreement (No. 12) 2025 (EB12) — current agreement
ATT03 — Hospital and Health Service General Employees (Queensland Health) Award – State 2015
ATT05 — Managing the risk of psychosocial hazards at work Code of Practice 2022 (Qld)
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ATT12 — Directive 12/24: Special Leave (applies under EB12 cl 9.12)
ATT13 — QH-POL-231 Special leave (HR Policy C7)
ATT14 — Administration Officer, Switchboard Services (AO3) Role Description

FACTS
The 3 July 2026 ECC certifies me fit for modified duties and reduced hours from 3 July 2026 as a continuation of the existing arrangement. The doctor viewed the AO3 Switchboard position description (ATT14) and recorded that usual switchboard duties remain suitable with stated modifications (including no complaint-handling; limits on peak weekday day/afternoon shifts; predictable rostering; minimum 10-hour break). I was performing work consistent with those limits when I provided the ECC. The same-day direction not to attend disrupted that work. The 28 August 2026 date on the ECC is a review of restrictions — not the start of capacity.

WHAT HAS BEEN WRONGLY APPLIED

1. "Current QSuper Income Protection claim" → ordinary pay sits with ART (your 15 July email)

Wrong application.
• An IP file is not ordinary wages for a permanent employee who is certified fit, ready and available, and directed by the employer not to attend.

• On the material available to me notified by employee (myself) May 2025 and February 2026 and now 3rd July 2026 certification of that partial capacity, ART put benefit payments are not applied from 1 June 2026. Treating the Fund as presently replacing ordinary pay is incorrect on that record. Partial capacity and partial payment does not dislodge this framing.
• IP administration is separate (Mr Zappia). It does not displace ATT02 EB12 cl 6.1 (employment security) or ATT02 EB12 cl 7.1.5(g)–(h) (injury management; management of ill or injured employees).
• Coding "IP no pay" while held out after an ECC is not a correct application of ATT02 or of ATT12/ATT13 (special leave).

2. WCRA rehabilitation only if accepted claim; return purely at "employer discretion" (your 15 July email)

Wrong application.
• Even if WCRA statutory rehab is limited to accepted claims, that does not exhaust your duties under ATT02 (EB12), ATT03 (HHS Award), ATT10 (QH-POL-210) and ATT09 (QH-IMP-401-5).
• ATT10 applies to all Queensland Health / HHS employees and includes temporary reasonable adjustment for rehabilitation/RTW and for capacity restriction — not only accepted workers' compensation claims.
• ATT02 EB12 cl 7.1.5 requires the parties to address injury management, management of ill or injured employees, fatigue, psychosocial issues and the Code of Practice 2022 (ATT05), and security for administrative staff in frontline positions.
• "Discretion" does not correctly authorise indefinite exclusion, refusal of interim duties "in any capacity," and non-payment without applying ATT09, ATT10 and ATT02 Parts 6 and 7.

3. Further medical framing me as the psychosocial risk before return "in any capacity" (your 13–15 July emails)

Wrong application of ATT05 and ATT02.
• ATT05 and ATT02 EB12 cl 7.2 require assessment of psychosocial hazards in the workplace and work system (including workplace risk assessments as requested through an HCF by employer or union).
• The 3 July ECC already identifies workplace stressors (complaint-handling; blame for others' failures; rostering/fatigue; unresolved line-management matters).

Those are workplace issues under ATT05 and ATT02 cl 7.1.5(j) and 7.2.

• Framing psychosocial risk as a personal barrier inside Injury Management / QSuper misapplies ATT02 cl 7.2 and cl 7.1.11 (feedback when WHS matters are raised).

• Workplace psychosocial issues I have raised over more than two years are not properly dealt with by indefinite IM hold-out. That process is not the correct forum under ATT02 cl 7.2.

• I will cooperate with reasonable medical requests that are specific and linked to identified job tasks under ATT14. Open-ended further medical is not a correct precondition to all duties where ATT14 and the ECC already define capacity I have been performing.

4. "Unable to facilitate" / no alternative duties (Chloe 2 July; your 13–15 July emails)

Wrong application of ATT09, ATT10 and ATT02.

• Chloe's 2 July email made facilitation conditional on a completed ECC. I provided that ECC on 3 July while working. Facilitation was then refused and I was directed off — the opposite of facilitating return on the medical basis required.

• The ECC states fit from 3 July as continuation of the existing arrangement and that usual switchboard duties remain suitable with modifications against ATT14. Refusing all duties "in any capacity" does not correctly apply ATT10, ATT09 or ATT02 cl 7.1.5(f)–(h).

• Correct application requires identifying any specific duty and restriction said to be incompatible, what modification was considered, and what was rejected — not a blanket refusal.

5. Leave coding as sick leave / sick leave no pay / "IP no pay" while certified fit and directed not to attend

Wrong application of ATT02, ATT12 and ATT13.

• From 3 July 2026 the relevant absence is employer-directed while I am certified fit and available. That is not ordinary sick leave for that period.

• "IP no pay" is not the correct industrial answer under ATT02 when the employer has directed me off after an ECC.

• ATT02 EB12 cl 9.12 provides that Directive 12/24: Special Leave (ATT12) applies to employees covered by the Agreement. ATT13 QH-POL-231 (C7) also applies.

• Special leave under ATT12 and ATT13 must be applied for employer-directed exclusion while I am ready, willing and able within the ECC. Where the only barrier is refusal to facilitate certified duties, special leave on full pay (or ordinary pay as if at work) must be applied. Please correct coding and identify the delegate and instrument for each day from 3 July.

6. Treating 28 August 2026 as if capacity only starts then

Wrong application of the ECC itself.
• 28 August 2026 is the next review of restrictions. 3 July 2026 is the date fit to commence the certified arrangement. Capacity is certified now.

WHAT YOU MUST APPLY

ATT02 EB12 cl 6.1 — employment security
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REQUESTS — PLEASE RESPOND IN WRITING WITHIN 5 BUSINESS DAYS

1. Facilitate my return under the 3 July 2026 ECC (or a written suitable duties plan implementing it: start date, hours, location, tasks, review date) by applying ATT09, ATT10 and ATT02 cl 7.1.5.
2. Complete a task-by-task match of ATT14 to the 3 July ECC. If you maintain you cannot facilitate, identify each restriction and duty and what was considered and rejected.
3. Be specific about any further medical still said to be required: exact questions; which ATT14 job task each relates to; what on the existing ECC is said to be insufficient.

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5. Confirm ordinary pay treatment for periods I was ready and available within the ECC but directed not to attend.
6. Confirm compliance with the direction not to attend is not abandonment or unauthorised absence (ATT02 cl 6.1).
7. Arrange a workplace-directed psychosocial risk assessment under ATT02 cl 7.2 and ATT05.
8. Identify the decision-maker for facilitation, suitable duties, special leave and pay, and the instrument for the 3 July direction not to attend.

I will continue to provide reasonable medical information directed to placement and safety. Please make further requests specific and linked to ATT14 tasks.

My QIRC appeal WC/2024/227 is separate. ART/QSuper is being addressed with Mr Zappia.

I look forward to your written response and a meeting date to facilitate return under the attached agreements and policies.

Yours sincerely,
Cory Lea Shepherd
0417 400 227
MSH-INJ-5795

****
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Re: Response to 2-15 July 2026 correspondence - incorrect application of EB12, Award and QH policies - ECC 3 July 2026 (MSH-INJ-5795)

From: Cory Shepherd coryshepherd1@hotmail.com
To: LBH Injury Management LBH_InjuryManagement@health.qld.gov.au, Lyndelle Forrest Lyndelle.Forrest@health.qld.gov.au
Cc: Heath Moran heath.moran@together.org.au, James Zappia james.zappia@art.com.au
Sent: Thursday 30 July at 11:25

Good morning Michelle,

Thank you for your email of 29 July 2026.

This email is sent on Thursday 30 July 2026. My appointment with Dr Ma is Friday 31 July 2026 at 2:00 pm. The Health Service's questions and completed forms (or the same information by email) are required before that time.

THE SEQUENCE

I was working my rostered shifts. Following my request to temporarily reduce my ordinary hours from 0.6 to 0.5 FTE for two weeks, I was told I could not work until I completed an Employee Capability Checklist. I obtained and provided that checklist on 3 July 2026. I was then told I still could not work, pending a review. The requirement has since changed again — to further medical clarification, for which no timeframe has been given.

I was not absent and I was not seeking to recommence. I had been performing the role on reduced hours within my now certified restrictions for approximately twelve

months. I mention this because the questions to Dr Ma should be directed to that situation.

I have elected to take the request to Dr Ma myself, and I have booked an appointment for 2:00 pm on Friday 31 July 2026.

WHAT I NEED BEFORE 2:00 PM FRIDAY 31 JULY 2026

1. The Health Service's questions for Dr Ma, or completed Attachment 1.
2. Completed Attachment 2, or the same information by email.
3. Confirmation of who will be responding before the appointment.
4. Reimbursement of the $150.00 I have already paid, and the name and address to which the practice should direct the invoice for Friday's consultation.

If the forms are not convenient, the same information in an email is equally welcome — before 2:00 pm Friday.

If the questions are not received in time, I will attend the appointment regardless and ask Dr Ma to address my capacity and restrictions against the duties in the role description (attached). I will forward his response to you. I would prefer to put the Health Service's own questions to him, which is why I ask now.

ABOUT THE ATTACHMENTS

To make this as straightforward as possible, I have attached the following:

Attachment 1 — Duty / Restriction Mapping — sets out the twelve key responsibilities listed in the AO3 role description (also attached). If the Health Service indicates which duty or duties it says I cannot perform, and which restriction is said to prevent it, that identifies precisely what Dr Ma needs to address.

Attachment 2 — Psychosocial Hazard Identification — follows the structure of the Managing the risk of psychosocial hazards at work Code of Practice 2022:

hazard, source in the work, risk, assessment, controls, consultation. The form also provides for the Health Service to confirm the position if no hazard is identified.

Attachment 3 — Invoice 574370 and payment receipt for the $150.00 case conference of 3 July 2026 (already paid).

Attachment 4 — AO3 Switchboard Services role description (source of the duties in Attachment 1).

Completing and returning Attachment 1 and/or Attachment 2 (or the same information by email) would give me what I need to put to Dr Ma for this step.

1. MY ELECTION

1.1 I will take the request to Dr Ma myself rather than add a further step.

1.2 I do not propose to complete the Employee Authority Form. It is broader than the present request — it extends to disclosures to and from WorkCover Queensland and income protection insurers, and it is open-ended in duration. If a written authority is needed for Dr Ma to respond to a specific request, I am happy to provide one confined to that purpose.

2. COST OF THE CONSULTATIONS

2.1 The consultation of 3 July 2026 was invoiced to me personally — My Doctors Clinic Surfers, invoice 574370, dated 3 July 2026, $150.00 (item WCO002, case conference). I paid that invoice in full on 10 July 2026 (receipt N471065713633, reference 574370 C Shepherd). The invoice and payment receipt are attached as one document (Attachment 3).

2.2 A further consultation is booked for 2:00 pm on Friday 31 July 2026 and is expected to attract the same fee.

2.3 Both consultations are required by the Health Service for its own assessment; neither is material I

have volunteered. Consistently with the approach taken elsewhere in the public sector, where the entity that requires medical information meets the reasonable costs of obtaining it, I ask:

(a) that the $150.00 I have paid be reimbursed to me; and

(b) that the Health Service provide the name and address to which the practice should direct Friday's invoice, so that the cost of the Health Service's own request is not again met from my funds.

2.4 If the Health Service does not intend to meet these costs, could you please confirm that in writing, together with the basis for that position.

3. THE QUESTIONS I NEED

3.1 Your email states that "further clarification is required regarding your functional capacity and the medical restrictions identified", but does not identify what is unclear. Dr Ma cannot respond to a request in those terms.

3.2 Could you please provide, in writing, before 2:00 pm Friday:

(a) the specific questions the Health Service asks Dr Ma to answer, set out as questions;

(b) for each question, the duty or task to which it relates — Attachment 1 is provided for this purpose;

(c) what in the 3 July Employee Capability Checklist is said to be insufficient — which entry, and why it does not enable the assessment; and

(d) who will consider Dr Ma's response, and the timeframe within which the decision about my duties will then be made.

4. THE ORIGIN OF THE REQUIREMENT

4.1 Could you please confirm the date on which, and the basis on which, the Health Service required me to complete an Employee Capability Checklist. My understanding is that the requirement was raised in response to my request to temporarily reduce my hours. I am not aware of any incident, complaint or performance concern preceding it.

4.2 Could you also please confirm the outcome of that request to reduce my hours, and if no decision has been made, when one will be made and by whom. EB12 clause 10.3 provides that an employee may ask for a change in the way they work, including their ordinary hours of work; that the request may be refused only on reasonable grounds; and that the employer must give written notice of its decision, with reasons, within 21 days.

5. THE RESTRICTIONS AND THE DUTIES (Attachment 1)

5.1 Since your email refers to the inherent requirements of the role, I have compared the restrictions certified on 3 July with the responsibilities set out in the AO3 role description, which Dr Ma reviewed before completing the checklist. Attachment 1 lists those twelve responsibilities as they appear in that document.

5.2 First, complaint-handling. The ECC of 3 July 2026 records: no complaint-handling duties; complaints received at the Switchboard to be logged and redirected, not actioned or resolved by me. That restriction has already been addressed in correspondence. In her email of 7 July 2026, Ms Forrest stated that the established process is for patient concerns to be redirected to Consumer Liaison Services (CLS); that there is no expectation for Switchboard operators to manage or deal with those matters; and that where a consumer raises concerns about a Switchboard employee, those concerns are referred to the Manager, Switchboard or, in her absence, CLS. My reply of 9 July 2026 noted that this confirmation, together with existing rostering practice, appears to accommodate that ECC recommendation. I treat complaint-handling as closed on the Health

Service's own account of the role. It does not need to be reopened with Dr Ma, and it is not a basis for refusing all duties in Attachment 1.

5.3 Second, the remaining restrictions — the limits on peak weekday day and afternoon shifts, predictable rostering, and a minimum ten-hour break between shifts — go to when I work, not to which duties I perform. They remove none of the responsibilities listed in Attachment 1.

5.4 I note the role description records the position as continuous shift work. I performed that role, on reduced hours and within my certified restrictions, for approximately twelve months, and the Health Service's correspondence of 7 July 2026 records that my restrictions were already being accommodated. If the rostering restrictions are now said to be incompatible with the role, when they were not during that period, could you please identify what has changed.

5.5 Third, reduced ordinary hours are expressly contemplated by the industrial instruments. Clause 8.2 of the Hospital and Health Service General Employees (Queensland Health) Award – State 2015 provides for part-time employment on a regular number of ordinary hours, pro rata to full-time conditions, with a minimum of eight ordinary hours per fortnight. A reduction in hours does not of itself remove any duty from the role. Could you please identify why the reduced hours certified on 3 July are treated differently — that is, what it is about those hours, as distinct from the reasons for them, that prevents the duties of the position from being performed.

5.6 QH-POL-210 applies to all Queensland Health and Hospital and Health Service employees and directs adjustments — including temporary adjustment for rehabilitation and return to work, and for capacity restriction — to enabling an employee to safely perform the genuine occupational requirements of the role. It reflects the Anti-Discrimination Act 1991 (Qld), which contemplates reasonable terms and special conditions where job capacity is restricted by impairment (s 34)

and permits departure only where unjustifiable hardship is established (ss 5, 35). QH-IMP-401-5 makes managers responsible for identifying suitable duties, guided by medical information, and its application is not limited to accepted workers' compensation claims. Each operates at the level of identified duties, which is what Attachment 1 is directed to.

6. THE CHARACTERISATION OF RISK (Attachment 2)

6.1 Your correspondence of 13, 15 and 29 July 2026 refers to whether my return can be "safely" facilitated, whether the matters identified by Dr Ma "present any psychosocial hazards or risks", and to the health and safety of workers "and others in the workplace". I do not suggest the Health Service should not satisfy itself as to safety.

6.2 However, in the twenty-seven days since 3 July, no incident, complaint or hazard has been identified to me. None was raised during the twelve months I performed the role on reduced hours. No finding of any kind has been made in relation to my performance of this role.

6.3 EB12 clause 7.2 and the Code of Practice proceed by identifying a hazard, assessing the risk, and considering controls, in consultation with workers and health and safety representatives — and they identify psychosocial hazards by reference to features of work and its management. Attachment 2 follows that structure.

6.4 Could you please confirm whether it is asserted that my performing my duties within the certified restrictions would present a risk to me or to any other person and, if so, whether the hazard is said to arise from the work and work system or from me, together with the material relied upon. Attachment 2 provides for both. If no such assertion is intended, could you please confirm that in writing.

6.5 For clarity, my cooperation with the medical request does not suspend the other matters: the restoration of

my roster, the treatment of my pay and leave, and the workplace psychosocial assessment remain live in parallel.

7. CONFLICT OF INTEREST

7.1 I raise one further matter, without alleging wrongdoing.

7.2 The requirement that I complete an Employee Capability Checklist was raised by my line manager, Ms Taylor. Ms Taylor is the subject of a complaint which the Ethical Standards Unit determined to be a public interest disclosure, and her conduct is a matter in issue in proceedings before the Queensland Industrial Relations Commission in which she may give evidence.

7.3 The Code of Conduct for the Queensland Public Service provides at clause 1.2 that having a conflict of interest is not unusual and is not wrongdoing in itself, but that failing to disclose and manage it appropriately is likely to be wrongdoing, and that employees will disclose any personal interest that could be seen as influencing the performance of their duties.

7.4 Could you please confirm what involvement Ms Taylor has had in the decisions concerning my attendance, duties and pay since 2 July 2026; whether any conflict of interest has been disclosed and managed, and how; and that decisions concerning my attendance, duties and pay will be made by a person without involvement in those proceedings.

8. SCOPE AND MEETING

8.1 I will provide Dr Ma with the questions and the role description. My consent extends to information concerning my capacity, my restrictions, and their operational application to the duties of my position, and I ask that the questions be limited to what is necessary for that purpose.

8.2 If it would assist, I am willing to meet at short notice — including before Friday — to work through

Attachment 1 duty by duty. I would ask that any meeting occur alongside, rather than in place of, a written response.

9. OTHER MATTERS

9.1 The matters raised in my emails of 28 July 2026 remain outstanding within the period identified in that correspondence. I do not repeat them here, and this email does not replace them.

10. WHAT I ASK

10.1 So that this can be resolved simply, I ask:

(a) that my roster be provided to me and that I be restored to my rostered shifts within the certified restrictions;

(b) that the rostered shifts from 3 July 2026 be processed by ad hoc payment, and the leave debited for that period be re-credited;

(c) that the $150.00 I have paid for the 3 July consultation be reimbursed; and

(d) that the invoice for Friday's consultation be directed to the Health Service at an address you provide.

10.2 I have facilitated every step asked of me — I obtained the checklist the Health Service required and paid for it myself, I have elected to take its request to Dr Ma myself, I have booked the appointment, and I have prepared the attached forms so that the Health Service's questions can be framed quickly. I am conscious that time and cost are accumulating for both of us, and I would prefer to resolve this now, collaboratively, rather than through further process.

11. IN SUMMARY

11.1 The operative decision in this matter is the direction that I not attend work. Everything since follows from it — the treatment of my rostered shifts, the

refusal of duties in any capacity, and the requirement for further medical information.

11.2 A direction to an employee not to attend work is an exercise of authority. I have asked on more than one occasion for the source of that authority to be identified, and it has not been. Nor have I been told the process under which I am being managed, or the person who made the decision.

11.3 I raise this not as a complaint, but because without it I am unable to understand or respond to the basis on which I am being kept from my substantive position.

11.4 I ask that any further decision concerning my attendance, duties or pay identify the power relied upon, the person making it, and the reasons for it.

I remain certified fit, ready and available to work within the 3 July 2026 Employee Capability Checklist.

Kind regards,

Cory Lea Shepherd
Administration Officer (AO3), Switchboard Services
0417 400 227
MSH-INJ-5795

From: LBH Injury Management <LBH_InjuryManagement@health.qld.gov.au>
Sent: Wednesday, July 29, 2026 4:10:13 pm
To: Cory Shepherd <coryshepherd1@hotmail.com>; Lyndelle Forrest <Lyndelle.Forrest@health.qld.gov.au>
Cc: Heath Moran <heath.moran@together.org.au>; James Zappia <james.zappia@art.com.au>
Subject: RE: Response to 2-15 July 2026 correspondence - incorrect application of EB12, Award and QH policies - ECC 3 July 2026 (MSH-INJ-5795)

Good afternoon Cory,

Thank you for your email dated 28 July 2026. We acknowledge receipt of your correspondence and the attached documentation.

As previously advised, the Injury Management Team requires further information from your treating medical practitioner before we are able to determine whether Metro South Health can safely facilitate your return to duties.

The Employee Capabilities Checklist (ECC) provided has been reviewed; however, further clarification is required regarding your functional capacity and the medical restrictions identified to enable an informed assessment of whether suitable duties can be accommodated safely and operationally.

This request is consistent with Metro South Health's obligations under the *Work Health and Safety Act 2011 (Qld)* to ensure, so far as is reasonably practicable, the health and safety of workers and others in the workplace. While your treating medical practitioner's advice is an important consideration, Queensland Health has an independent obligation to assess the medical information provided alongside the inherent requirements of the role and determine whether duties can be safely facilitated.

To assist in progressing this matter, please confirm whether you would prefer to take our request for further medical information to your treating general practitioner yourself, or alternatively, complete and return the attached Employee Authority Form (EAF) authorising the Injury Management Team to write directly to your treating practitioner. Should you choose the latter option, you will be copied into our correspondence with your treating practitioner for your records.

Once the requested medical clarification has been received, we will review the information and advise you of the outcome regarding your capacity to return to duties.

Kindest Regards

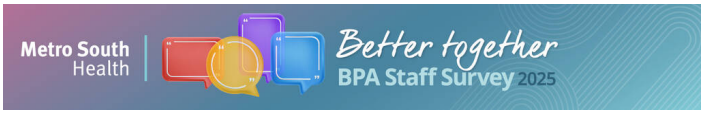
Michelle Harrison
Injury Management Consultant | LBHS HR Team 1
Human Resources
Logan and Beaudesert Hospital and Health Service

4/3-5 University Drive, Meadowbrook Qld 4131

Metro South Health |

e. lbh_InjuryManagement@health.qld.gov.au | Chat on Teams
p. 07 3542 2744
a. Mon-Fri 8am - 4pm

Metro South Health recognises and pays respect to the traditional custodians of the land and waters – the Yugambeh, Quandamooka, Jaggera, Ugarapul, Turrbal, and Mununjali peoples – and to Elders, past, present and emerging.



Please be advised that we are currently transitioning into Solv, a new Injury Management Case System. Our documents and communications may change appearance slightly and you may even receive communications from us via the @Solv.com.au email pathway, as this is a new email pathway, please ensure you are regularly checking your Junk folder in your email accounts and save the @solv to your frequent emails so you do not miss any communications. Please note these emails are legitimate and are from us here at lbh_InjuryManagement@health.qld.gov.au. If you have any concerns, please reach out to us via the above contact details.

-----Original Message-----
From: Cory Shepherd <coryshepherd1@hotmail.com>
Sent: Tuesday, 28 July 2026 5:40 PM
To: LBH Injury Management <LBH_InjuryManagement@health.qld.gov.au>; Lyndelle Forrest <Lyndelle.Forrest@health.qld.gov.au>
Cc: Heath Moran <heath.moran@together.org.au>; James Zappia <james.zappia@art.com.au>
Subject: Response to 2-15 July 2026 correspondence - incorrect application of EB12, Award and QH policies - ECC 3 July 2026 (MSH-INJ-5795)

This email originated from outside Queensland Health. DO NOT click on any links or open attachments unless you recognise the sender and know the content is safe.
Dear Michelle / Injury Management / HR,

I refer to your correspondence and Switchboard management correspondence between 2 and 15 July 2026, including:

• Chloe Taylor, 2 July 2026 — unable to "facilitate" return until a completed ECC; shifts processed as sick leave / sick leave no pay; • my provision of the completed Employee Capability Checklist (ECC) of 3 July 2026 (Dr Day Hong Ma) while I was rostered and working; • the same-day direction that I not attend "pending review"; • Injury Management correspondence of 7–13 July 2026 that restricted duties could not be facilitated without further medical clarification from Dr Ma; • your email of 13 July 2026 to ART that Metro South Health was unable to facilitate my return under the ECC (MSH-INJ-5795 / CLM-317073); • your email of 15 July 2026 (13:10) — pay sits with QSuper because of a "current" IP claim; alternative duties refused "in any capacity"; WCRA rehabilitation limited to accepted claims; return at employer discretion; further medical about psychosocial risk to my return; and • leave coding as "income protection no pay" from 13 July 2026.

I remain ready, willing and able to work within the 3 July 2026 ECC. I do not abandon my employment. I am taking industrial advice through Together Union.

I am an HHS administrative employee. The industrial framework that applies is attached. Please respond by reference to each attachment.

ATTACHMENTS
ATT02 — Queensland Public Health Sector Certified Agreement (No. 12) 2025 (EB12) — current agreement
ATT03 — Hospital and Health Service General Employees (Queensland Health) Award – State 2015
ATT05 — Managing the risk of psychosocial hazards at work Code of Practice 2022 (Qld)
ATT09 — QH-IMP-401-5 Workplace Rehabilitation Standard
ATT10 — QH-POL-210 Reasonable Adjustment (HR Policy G3)
ATT12 — Directive 12/24: Special Leave (applies under EB12 cl 9.12)

ATT13 — QH-POL-231 Special leave (HR Policy C7)
ATT14 — Administration Officer, Switchboard Services (AO3) Role Description

FACTS
The 3 July 2026 ECC certifies me fit for modified duties and reduced hours from 3 July 2026 as a continuation of the existing arrangement. The doctor viewed the AO3 Switchboard position description (ATT14) and recorded that usual switchboard duties remain suitable with stated modifications (including no complaint-handling; limits on peak weekday day/afternoon shifts; predictable rostering; minimum 10-hour break). I was performing work consistent with those limits when I provided the ECC. The same-day direction not to attend disrupted that work. The 28 August 2026 date on the ECC is a review of restrictions — not the start of capacity.

WHAT HAS BEEN WRONGLY APPLIED

1. "Current QSuper Income Protection claim" → ordinary pay sits with ART (your 15 July email)

Wrong application.
• An IP file is not ordinary wages for a permanent employee who is certified fit, ready and available, and directed by the employer not to attend.
• On the material available to me notified by employee (myself) May 2025 and February 2026 and now 3rd July 2026 certification of that partial capacity, ART put benefit payments are not applied from 1 June 2026. Treating the Fund as presently replacing ordinary pay is incorrect on that record. Partial capacity and partial payment does not dislodge this framing.
• IP administration is separate (Mr Zappia). It does not displace ATT02 EB12 cl 6.1 (employment security) or ATT02 EB12 cl 7.1.5(g)–(h) (injury management; management of ill or injured employees).
• Coding "IP no pay" while held out after an ECC is not a correct application of ATT02 or of ATT12/ATT13 (special leave).

2. WCRA rehabilitation only if accepted claim; return purely at "employer discretion" (your 15 July email)

Wrong application.
• Even if WCRA statutory rehab is limited to accepted claims, that does not exhaust your duties under ATT02

(EB12), ATT03 (HHS Award), ATT10 (QH-POL-210) and ATT09 (QH-IMP-401-5).
• ATT10 applies to all Queensland Health / HHS employees and includes temporary reasonable adjustment for rehabilitation/RTW and for capacity restriction — not only accepted workers' compensation claims.
• ATT02 EB12 cl 7.1.5 requires the parties to address injury management, management of ill or injured employees, fatigue, psychosocial issues and the Code of Practice 2022 (ATT05), and security for administrative staff in frontline positions.
• "Discretion" does not correctly authorise indefinite exclusion, refusal of interim duties "in any capacity," and non-payment without applying ATT09, ATT10 and ATT02 Parts 6 and 7.

3. Further medical framing me as the psychosocial risk before return "in any capacity" (your 13–15 July emails)

Wrong application of ATT05 and ATT02.
• ATT05 and ATT02 EB12 cl 7.2 require assessment of psychosocial hazards in the workplace and work system (including workplace risk assessments as requested through an HCF by employer or union).
• The 3 July ECC already identifies workplace stressors (complaint-handling; blame for others' failures; rostering/fatigue; unresolved line-management matters). Those are workplace issues under ATT05 and ATT02 cl 7.1.5(j) and 7.2.
• Framing psychosocial risk as a personal barrier inside Injury Management / QSuper misapplies ATT02 cl 7.2 and cl 7.1.11 (feedback when WHS matters are raised).
• Workplace psychosocial issues I have raised over more than two years are not properly dealt with by indefinite IM hold-out. That process is not the correct forum under ATT02 cl 7.2.
• I will cooperate with reasonable medical requests that are specific and linked to identified job tasks under ATT14. Open-ended further medical is not a correct precondition to all duties where ATT14 and the ECC already define capacity I have been performing.

4. "Unable to facilitate" / no alternative duties (Chloe 2 July; your 13–15 July emails)

Wrong application of ATT09, ATT10 and ATT02.
• Chloe's 2 July email made facilitation conditional on a completed ECC. I provided that ECC on 3 July while

working. Facilitation was then refused and I was directed off — the opposite of facilitating return on the medical basis required.
• The ECC states fit from 3 July as continuation of the existing arrangement and that usual switchboard duties remain suitable with modifications against ATT14. Refusing all duties "in any capacity" does not correctly apply ATT10, ATT09 or ATT02 cl 7.1.5(f)–(h).
• Correct application requires identifying any specific duty and restriction said to be incompatible, what modification was considered, and what was rejected — not a blanket refusal.

5. Leave coding as sick leave / sick leave no pay / "IP no pay" while certified fit and directed not to attend

Wrong application of ATT02, ATT12 and ATT13.
• From 3 July 2026 the relevant absence is employer-directed while I am certified fit and available. That is not ordinary sick leave for that period.
• "IP no pay" is not the correct industrial answer under ATT02 when the employer has directed me off after an ECC.
• ATT02 EB12 cl 9.12 provides that Directive 12/24: Special Leave (ATT12) applies to employees covered by the Agreement. ATT13 QH-POL-231 (C7) also applies.
• Special leave under ATT12 and ATT13 must be applied for employer-directed exclusion while I am ready, willing and able within the ECC. Where the only barrier is refusal to facilitate certified duties, special leave on full pay (or ordinary pay as if at work) must be applied. Please correct coding and identify the delegate and instrument for each day from 3 July.

6. Treating 28 August 2026 as if capacity only starts then

Wrong application of the ECC itself.
• 28 August 2026 is the next review of restrictions. 3 July 2026 is the date fit to commence the certified arrangement. Capacity is certified now.

WHAT YOU MUST APPLY

ATT02 EB12 cl 6.1 — employment security
ATT02 EB12 cl 7.1.5 — injury management; ill or injured employees; fatigue; psychosocial issues + ATT05; admin frontline security

ATT02 EB12 cl 7.2 — psychosocial risk assessments of workplaces
ATT02 EB12 cl 7.1.11 — feedback on WHS matters
ATT02 EB12 cl 9.12 + ATT12 + ATT13 — Special Leave
ATT03 — hours, breaks and rostering with the Agreement
ATT09 — workplace rehabilitation / RTW pathway
ATT10 — reasonable adjustment (including temporary adjustment and capacity restriction)
ATT05 — workplace psychosocial risk
ATT14 — task match to the AO3 role the doctor viewed

REQUESTS — PLEASE RESPOND IN WRITING WITHIN 5 BUSINESS DAYS

1. Facilitate my return under the 3 July 2026 ECC (or a written suitable duties plan implementing it: start date, hours, location, tasks, review date) by applying ATT09, ATT10 and ATT02 cl 7.1.5.
2. Complete a task-by-task match of ATT14 to the 3 July ECC. If you maintain you cannot facilitate, identify each restriction and duty and what was considered and rejected.
3. Be specific about any further medical still said to be required: exact questions; which ATT14 job task each relates to; what on the existing ECC is said to be insufficient.
4. Apply special leave under ATT02 cl 9.12, ATT12 and ATT13 for employer-directed days from 3 July while certified fit and available; correct "IP no pay" / sick no pay coding; identify delegate and instrument.
5. Confirm ordinary pay treatment for periods I was ready and available within the ECC but directed not to attend.
6. Confirm compliance with the direction not to attend is not abandonment or unauthorised absence (ATT02 cl 6.1).
7. Arrange a workplace-directed psychosocial risk assessment under ATT02 cl 7.2 and ATT05.
8. Identify the decision-maker for facilitation, suitable duties, special leave and pay, and the instrument for the 3 July direction not to attend.

I will continue to provide reasonable medical information directed to placement and safety. Please make further requests specific and linked to ATT14 tasks.

My QIRC appeal WC/2024/227 is separate. ART/QSuper is being addressed with Mr Zappia.

I look forward to your written response and a meeting date to facilitate return under the attached agreements and policies.

Yours sincerely,
Cory Lea Shepherd
0417 400 227
MSH-INJ-5795

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RE: Response to 2-15 July 2026 correspondence - incorrect application of EB12, Award and QH policies - ECC 3 July 2026 (MSH-INJ-5795)

From: LBH Injury Management LBH_InjuryManagement@health.qld.gov.au
To: Cory Shepherd coryshepherd1@hotmail.com
Cc: Notes - IPEC (notes@solv.com.au) notes@solv.com.au
Sent: Thursday 30 July at 14:33

Good afternoon Cory,

Thank you for your email.

Please note that we are currently progressing the Request for Medical Information (RFMI) correspondence for delegate approval and will endeavour to expedite this process as quickly as possible. However, we are unable to guarantee when the approved documentation will be available for release.

The usual process is for the approved RFMI documentation to be sent directly to the employee, who can then arrange an appointment with their treating medical practitioner to have the information completed and returned.

If you have any further questions in the meantime, please do not hesitate to contact us.

Kindest Regards

Michelle Harrison
Injury Management Consultant | LBHS HR Team 1
Human Resources
Logan and Beaudesert Hospital and Health Service
4/3-5 University Drive, Meadowbrook Qld 4131
Metro South Health |

e. lbh_InjuryManagement@health.qld.gov.au | Chat on Teams
p. 07 3542 2744
a. Mon-Fri 8am - 4pm

Metro South Health recognises and pays respect to the traditional custodians of the land and waters – the Yugambeh, Quandamooka, Jaggera, Ugarapul, Turrbal, and Mununjali peoples – and to Elders, past, present and emerging.

Please be advised that we are currently transitioning into Solv, a new Injury Management Case System. Our documents and communications may change appearance slightly and you may even receive communications from us via the @Solv.com.au email pathway, as this is a new email pathway, please ensure you are regularly checking your Junk folder in your email accounts and save the @solv to your frequent emails so you do not miss any communications. Please note these emails are legitimate and are from us here at lbh_InjuryManagement@health.qld.gov.au. If you have any concerns, please reach out to us via the above contact details.

From: Cory Shepherd <coryshepherd1@hotmail.com>
Sent: Thursday, 30 July 2026 11:26 AM
To: LBH Injury Management <LBH_InjuryManagement@health.qld.gov.au>; Lyndelle Forrest <Lyndelle.Forrest@health.qld.gov.au>
Cc: Heath Moran <heath.moran@together.org.au>; James Zappia <james.zappia@art.com.au>
Subject: Re: Response to 2-15 July 2026 correspondence - incorrect application of EB12, Award and QH policies - ECC 3 July 2026 (MSH-INJ-5795)

This email originated from outside Queensland Health. DO NOT click on any links or open attachments unless you recognise the sender and know the content is safe.

Good morning Michelle,

Thank you for your email of 29 July 2026.

This email is sent on Thursday 30 July 2026. My appointment with Dr Ma is Friday 31 July 2026 at 2:00 pm. The Health Service's questions and completed forms (or the same information by email) are required before that time.

THE SEQUENCE

I was working my rostered shifts. Following my request to temporarily reduce my ordinary hours from 0.6 to 0.5 FTE for two weeks, I was told I could not work until I completed an Employee Capability Checklist. I obtained and provided that checklist on 3 July 2026. I was then told I still could not work, pending a review. The requirement has since changed again — to further medical clarification, for which no timeframe has been given.

I was not absent and I was not seeking to recommence. I had been performing the role on reduced hours within my now certified restrictions for approximately twelve months. I mention this because the questions to Dr Ma should be directed to that situation.

I have elected to take the request to Dr Ma myself, and I have booked an appointment for 2:00 pm on Friday 31 July 2026.

WHAT I NEED BEFORE 2:00 PM FRIDAY 31 JULY 2026

1. The Health Service's questions for Dr Ma, or completed Attachment 1.
2. Completed Attachment 2, or the same information by email.
3. Confirmation of who will be responding before the appointment.
4. Reimbursement of the $150.00 I have already paid, and the name and address to which the practice should direct the invoice for Friday's consultation.

If the forms are not convenient, the same information in an email is equally welcome — before 2:00 pm Friday.

If the questions are not received in time, I will attend the appointment regardless and ask Dr Ma to address my capacity and restrictions against the duties in the role description (attached). I will forward his response to you. I would prefer to put the Health Service's own questions to him, which is why I ask now.

ABOUT THE ATTACHMENTS

To make this as straightforward as possible, I have attached the following:

Attachment 1 — Duty / Restriction Mapping — sets out the twelve key responsibilities listed in the AO3 role description (also attached). If the Health Service indicates which duty or duties it says I cannot perform, and which restriction is said to prevent it, that identifies precisely what Dr Ma needs to address.

Attachment 2 — Psychosocial Hazard Identification — follows the structure of the Managing the risk of psychosocial hazards at work Code of Practice 2022: hazard, source in the work, risk, assessment, controls, consultation. The form also provides for the Health Service to confirm the position if no hazard is identified.

Attachment 3 — Invoice 574370 and payment receipt for the $150.00 case conference of 3 July 2026 (already paid).

Attachment 4 — AO3 Switchboard Services role description (source of the duties in Attachment 1).

Completing and returning Attachment 1 and/or Attachment 2 (or the same information by email) would give me what I need to put to Dr Ma for this step.

1. MY ELECTION

1.1 I will take the request to Dr Ma myself rather than add a further step.

1.2 I do not propose to complete the Employee Authority Form. It is broader than the present request — it extends to disclosures to and from WorkCover Queensland and income protection insurers, and it is open-ended in duration. If a written authority is needed for Dr Ma to respond to a specific request, I am happy to provide one confined to that purpose.

2. COST OF THE CONSULTATIONS

2.1 The consultation of 3 July 2026 was invoiced to me personally — My Doctors Clinic Surfers, invoice 574370, dated 3 July 2026, $150.00 (item WCO002, case conference). I paid that invoice in full on 10 July 2026 (receipt N471065713633, reference 574370 C Shepherd). The invoice and payment receipt are attached as one document (Attachment 3).

2.2 A further consultation is booked for 2:00 pm on Friday 31 July 2026 and is expected to attract the same fee.

2.3 Both consultations are required by the Health Service for its own assessment; neither is material I have volunteered. Consistently with the approach taken elsewhere in the public sector, where the entity that requires medical information meets the reasonable costs of obtaining it, I ask:

(a) that the $150.00 I have paid be reimbursed to me; and

(b) that the Health Service provide the name and address to which the practice should direct Friday's invoice, so that the cost of the Health Service's own request is not again met from my funds.

2.4 If the Health Service does not intend to meet these costs, could you please confirm that in writing, together with the basis for that position.

3. THE QUESTIONS I NEED

3.1 Your email states that "further clarification is required regarding your functional capacity and the medical restrictions identified", but does not identify what is unclear. Dr Ma cannot respond to a request in those terms.

3.2 Could you please provide, in writing, before 2:00 pm Friday:

(a) the specific questions the Health Service asks Dr Ma to answer, set out as questions;

(b) for each question, the duty or task to which it relates — Attachment 1 is provided for this purpose;

(c) what in the 3 July Employee Capability Checklist is said to be insufficient — which entry, and why it does not enable the assessment; and

(d) who will consider Dr Ma's response, and the timeframe within which the decision about my duties will then be made.

4. THE ORIGIN OF THE REQUIREMENT

4.1 Could you please confirm the date on which, and the basis on which, the Health Service required me to complete an Employee Capability Checklist. My understanding is that the requirement was raised in response to my request to temporarily reduce my hours. I am not aware of any incident, complaint or performance concern preceding it.

4.2 Could you also please confirm the outcome of that request to reduce my hours, and if no decision has been made, when one will be made and by whom. EB12 clause 10.3 provides that an employee may ask for a change in the way they work, including their ordinary hours of work; that the request may be refused only on reasonable grounds; and that the employer must give written notice of its decision, with reasons, within 21 days.

5. THE RESTRICTIONS AND THE DUTIES (Attachment 1)

5.1 Since your email refers to the inherent requirements of the role, I have compared the restrictions certified on 3 July with the responsibilities set out in the AO3 role description, which Dr Ma reviewed before completing the checklist. Attachment 1 lists those twelve responsibilities as they appear in that document.

5.2 First, complaint-handling. The ECC of 3 July 2026 records: no complaint-handling duties; complaints received at the Switchboard to be logged and redirected, not actioned or resolved by me. That restriction has already been addressed in correspondence. In her email of 7 July 2026, Ms Forrest stated that the established process is for patient concerns to be redirected to Consumer Liaison Services (CLS); that there is no expectation for Switchboard operators to manage or deal with those matters; and that where a consumer raises concerns about a Switchboard employee, those concerns are referred to the Manager, Switchboard or, in her absence, CLS. My reply of 9 July 2026 noted that this confirmation, together with existing rostering practice, appears to accommodate that ECC recommendation. I treat complaint-handling as closed on the Health Service's own account of the role. It does not need to be reopened with Dr Ma, and it is not a basis for refusing all duties in Attachment 1.

5.3 Second, the remaining restrictions — the limits on peak weekday day and afternoon shifts, predictable rostering, and a minimum ten-hour break between shifts — go to when I work, not to which duties I perform. They remove none of the responsibilities listed in Attachment 1.

5.4 I note the role description records the position as continuous shift work. I performed that role, on reduced hours and within my certified restrictions, for approximately twelve months, and the Health Service's correspondence of 7 July 2026 records that my restrictions were already being accommodated. If the

rostering restrictions are now said to be incompatible with the role, when they were not during that period, could you please identify what has changed.

5.5 Third, reduced ordinary hours are expressly contemplated by the industrial instruments. Clause 8.2 of the Hospital and Health Service General Employees (Queensland Health) Award – State 2015 provides for part-time employment on a regular number of ordinary hours, pro rata to full-time conditions, with a minimum of eight ordinary hours per fortnight. A reduction in hours does not of itself remove any duty from the role. Could you please identify why the reduced hours certified on 3 July are treated differently — that is, what it is about those hours, as distinct from the reasons for them, that prevents the duties of the position from being performed.

5.6 QH-POL-210 applies to all Queensland Health and Hospital and Health Service employees and directs adjustments — including temporary adjustment for rehabilitation and return to work, and for capacity restriction — to enabling an employee to safely perform the genuine occupational requirements of the role. It reflects the Anti-Discrimination Act 1991 (Qld), which contemplates reasonable terms and special conditions where job capacity is restricted by impairment (s 34) and permits departure only where unjustifiable hardship is established (ss 5, 35). QH-IMP-401-5 makes managers responsible for identifying suitable duties, guided by medical information, and its application is not limited to accepted workers' compensation claims. Each operates at the level of identified duties, which is what Attachment 1 is directed to.

6. THE CHARACTERISATION OF RISK (Attachment 2)

6.1 Your correspondence of 13, 15 and 29 July 2026 refers to whether my return can be "safely" facilitated, whether the matters identified by Dr Ma "present any psychosocial hazards or risks", and to the health and safety of workers "and others in the workplace". I do not suggest the Health Service should not satisfy itself as to safety.

6.2 However, in the twenty-seven days since 3 July, no incident, complaint or hazard has been identified to me. None was raised during the twelve months I performed the role on reduced hours. No finding of any kind has been made in relation to my performance of this role.

6.3 EB12 clause 7.2 and the Code of Practice proceed by identifying a hazard, assessing the risk, and considering controls, in consultation with workers and health and safety representatives — and they identify psychosocial hazards by reference to features of work and its management. Attachment 2 follows that structure.

6.4 Could you please confirm whether it is asserted that my performing my duties within the certified restrictions would present a risk to me or to any other person and, if so, whether the hazard is said to arise from the work and work system or from me, together with the material relied upon. Attachment 2 provides for both. If no such assertion is intended, could you please confirm that in writing.

6.5 For clarity, my cooperation with the medical request does not suspend the other matters: the restoration of my roster, the treatment of my pay and leave, and the workplace psychosocial assessment remain live in parallel.

7. CONFLICT OF INTEREST

7.1 I raise one further matter, without alleging wrongdoing.

7.2 The requirement that I complete an Employee Capability Checklist was raised by my line manager, Ms Taylor. Ms Taylor is the subject of a complaint which the Ethical Standards Unit determined to be a public interest disclosure, and her conduct is a matter in issue in proceedings before the Queensland Industrial Relations Commission in which she may give evidence.

7.3 The Code of Conduct for the Queensland Public Service provides at clause 1.2 that having a conflict of interest is not unusual and is not wrongdoing in itself, but that failing to disclose and manage it appropriately is likely to be wrongdoing, and that employees will disclose any personal interest that could be seen as influencing the performance of their duties.

7.4 Could you please confirm what involvement Ms Taylor has had in the decisions concerning my attendance, duties and pay since 2 July 2026; whether any conflict of interest has been disclosed and managed, and how; and that decisions concerning my attendance, duties and pay will be made by a person without involvement in those proceedings.

8. SCOPE AND MEETING

8.1 I will provide Dr Ma with the questions and the role description. My consent extends to information concerning my capacity, my restrictions, and their operational application to the duties of my position, and I ask that the questions be limited to what is necessary for that purpose.

8.2 If it would assist, I am willing to meet at short notice — including before Friday — to work through Attachment 1 duty by duty. I would ask that any meeting occur alongside, rather than in place of, a written response.

9. OTHER MATTERS

9.1 The matters raised in my emails of 28 July 2026 remain outstanding within the period identified in that correspondence. I do not repeat them here, and this email does not replace them.

10. WHAT I ASK

10.1 So that this can be resolved simply, I ask:

(a) that my roster be provided to me and that I be restored to my rostered shifts within the certified

restrictions;

(b) that the rostered shifts from 3 July 2026 be processed by ad hoc payment, and the leave debited for that period be re-credited;

(c) that the $150.00 I have paid for the 3 July consultation be reimbursed; and

(d) that the invoice for Friday's consultation be directed to the Health Service at an address you provide.

10.2 I have facilitated every step asked of me — I obtained the checklist the Health Service required and paid for it myself, I have elected to take its request to Dr Ma myself, I have booked the appointment, and I have prepared the attached forms so that the Health Service's questions can be framed quickly. I am conscious that time and cost are accumulating for both of us, and I would prefer to resolve this now, collaboratively, rather than through further process.

11. IN SUMMARY

11.1 The operative decision in this matter is the direction that I not attend work. Everything since follows from it — the treatment of my rostered shifts, the refusal of duties in any capacity, and the requirement for further medical information.

11.2 A direction to an employee not to attend work is an exercise of authority. I have asked on more than one occasion for the source of that authority to be identified, and it has not been. Nor have I been told the process under which I am being managed, or the person who made the decision.

11.3 I raise this not as a complaint, but because without it I am unable to understand or respond to the basis on which I am being kept from my substantive position.

11.4 I ask that any further decision concerning my attendance, duties or pay identify the power relied upon, the person making it, and the reasons for it.

I remain certified fit, ready and available to work within the 3 July 2026 Employee Capability Checklist.

Kind regards,

Cory Lea Shepherd
Administration Officer (AO3), Switchboard Services
0417 400 227
MSH-INJ-5795

From: LBH Injury Management <LBH_InjuryManagement@health.qld.gov.au>
Sent: Wednesday, July 29, 2026 4:10:13 pm
To: Cory Shepherd <coryshepherd1@hotmail.com>; Lyndelle Forrest <Lyndelle.Forrest@health.qld.gov.au>
Cc: Heath Moran <heath.moran@together.org.au>; James Zappia <james.zappia@art.com.au>
Subject: RE: Response to 2-15 July 2026 correspondence - incorrect application of EB12, Award and QH policies - ECC 3 July 2026 (MSH-INJ-5795)

Good afternoon Cory,

Thank you for your email dated 28 July 2026. We acknowledge receipt of your correspondence and the attached documentation.

As previously advised, the Injury Management Team requires further information from your treating medical practitioner before we are able to determine whether Metro South Health can safely facilitate your return to duties.

The Employee Capabilities Checklist (ECC) provided has been reviewed; however, further clarification is required regarding your functional capacity and the medical restrictions identified to enable an informed assessment of whether suitable duties can be accommodated safely and operationally.

This request is consistent with Metro South Health's obligations under the *Work Health and Safety Act 2011 (Qld)* to ensure, so far as is reasonably practicable, the health and safety of workers and others in the workplace. While your treating medical practitioner's advice is an important consideration, Queensland Health has an independent obligation to assess the medical information provided alongside the inherent requirements of the role and determine whether duties can be safely facilitated.

To assist in progressing this matter, please confirm whether you would prefer to take our request for further medical information to your treating general practitioner yourself, or alternatively, complete and return the attached Employee Authority Form (EAF) authorising the Injury Management Team to write directly to your treating practitioner. Should you choose the latter option, you will be copied into our correspondence with your treating practitioner for your records.

Once the requested medical clarification has been received, we will review the information and advise you of the outcome regarding your capacity to return to duties.

Kindest Regards

Michelle Harrison
Injury Management Consultant | LBHS HR Team 1
Human Resources
Logan and Beaudesert Hospital and Health Service
4/3-5 University Drive, Meadowbrook Qld 4131
Metro South Health |

e. lbh_InjuryManagement@health.qld.gov.au | Chat on Teams
p. 07 3542 2744
a. Mon-Fri 8am - 4pm

Metro South Health recognises and pays respect to the traditional custodians of the land and waters – the Yugambeh, Quandamooka, Jaggera, Ugarapul, Turrbal, and Mununjali peoples – and to Elders, past, present and emerging.

Metro South Health | Better together BPA Staff Survey 2025

Please be advised that we are currently transitioning into Solv, a new Injury Management Case System. Our documents and communications may change appearance slightly and you may even receive communications from us via the @Solv.com.au email pathway, as this is a new email pathway, please ensure you are regularly checking your Junk folder in your email accounts and save the @solv to your frequent emails so you do not miss any communications. Please note these emails are legitimate and are from us here at lbh_InjuryManagement@health.qld.gov.au. If you have any concerns, please reach out to us via the above contact details.

-----Original Message-----
From: Cory Shepherd <coryshepherd1@hotmail.com>
Sent: Tuesday, 28 July 2026 5:40 PM
To: LBH Injury Management <LBH_InjuryManagement@health.qld.gov.au>; Lyndelle Forrest <Lyndelle.Forrest@health.qld.gov.au>
Cc: Heath Moran <heath.moran@together.org.au>; James Zappia <james.zappia@art.com.au>
Subject: Response to 2-15 July 2026 correspondence - incorrect application of EB12, Award and QH policies - ECC 3 July 2026 (MSH-INJ-5795)

This email originated from outside Queensland Health. DO NOT click on any links or open attachments unless you recognise the sender and know the content is safe.
Dear Michelle / Injury Management / HR,

I refer to your correspondence and Switchboard management correspondence between 2 and 15 July 2026, including:

• Chloe Taylor, 2 July 2026 — unable to "facilitate" return until a completed ECC; shifts processed as sick leave / sick leave no pay; • my provision of the completed Employee Capability Checklist (ECC) of 3 July 2026 (Dr Day Hong Ma) while I was rostered and working; • the same-day direction

that I not attend "pending review"; • Injury Management correspondence of 7–13 July 2026 that restricted duties could not be facilitated without further medical clarification from Dr Ma; • your email of 13 July 2026 to ART that Metro South Health was unable to facilitate my return under the ECC (MSH-INJ-5795 / CLM-317073); • your email of 15 July 2026 (13:10) — pay sits with QSuper because of a "current" IP claim; alternative duties refused "in any capacity"; WCRA rehabilitation limited to accepted claims; return at employer discretion; further medical about psychosocial risk to my return; and • leave coding as "income protection no pay" from 13 July 2026.

I remain ready, willing and able to work within the 3 July 2026 ECC. I do not abandon my employment. I am taking industrial advice through Together Union.

I am an HHS administrative employee. The industrial framework that applies is attached. Please respond by reference to each attachment.

ATTACHMENTS
ATT02 — Queensland Public Health Sector Certified Agreement (No. 12) 2025 (EB12) — current agreement
ATT03 — Hospital and Health Service General Employees (Queensland Health) Award – State 2015
ATT05 — Managing the risk of psychosocial hazards at work Code of Practice 2022 (Qld)
ATT09 — QH-IMP-401-5 Workplace Rehabilitation Standard
ATT10 — QH-POL-210 Reasonable Adjustment (HR Policy G3)
ATT12 — Directive 12/24: Special Leave (applies under EB12 cl 9.12)
ATT13 — QH-POL-231 Special leave (HR Policy C7)
ATT14 — Administration Officer, Switchboard Services (AO3) Role Description

FACTS
The 3 July 2026 ECC certifies me fit for modified duties and reduced hours from 3 July 2026 as a continuation of the existing arrangement. The doctor viewed the AO3 Switchboard position description (ATT14) and recorded that usual switchboard duties remain suitable with stated

modifications (including no complaint-handling; limits on peak weekday day/afternoon shifts; predictable rostering; minimum 10-hour break). I was performing work consistent with those limits when I provided the ECC. The same-day direction not to attend disrupted that work. The 28 August 2026 date on the ECC is a review of restrictions — not the start of capacity.

WHAT HAS BEEN WRONGLY APPLIED

1. "Current QSuper Income Protection claim" → ordinary pay sits with ART (your 15 July email)

Wrong application.
• An IP file is not ordinary wages for a permanent employee who is certified fit, ready and available, and directed by the employer not to attend.
• On the material available to me notified by employee (myself) May 2025 and February 2026 and now 3rd July 2026 certification of that partial capacity, ART put benefit payments are not applied from 1 June 2026. Treating the Fund as presently replacing ordinary pay is incorrect on that record. Partial capacity and partial payment does not dislodge this framing.
• IP administration is separate (Mr Zappia). It does not displace ATT02 EB12 cl 6.1 (employment security) or ATT02 EB12 cl 7.1.5(g)–(h) (injury management; management of ill or injured employees).
• Coding "IP no pay" while held out after an ECC is not a correct application of ATT02 or of ATT12/ATT13 (special leave).

2. WCRA rehabilitation only if accepted claim; return purely at "employer discretion" (your 15 July email)

Wrong application.
• Even if WCRA statutory rehab is limited to accepted claims, that does not exhaust your duties under ATT02 (EB12), ATT03 (HHS Award), ATT10 (QH-POL-210) and ATT09 (QH-IMP-401-5).
• ATT10 applies to all Queensland Health / HHS employees and includes temporary reasonable adjustment for rehabilitation/RTW and for capacity restriction — not only accepted workers' compensation claims.

• ATT02 EB12 cl 7.1.5 requires the parties to address injury management, management of ill or injured employees, fatigue, psychosocial issues and the Code of Practice 2022 (ATT05), and security for administrative staff in frontline positions.
• "Discretion" does not correctly authorise indefinite exclusion, refusal of interim duties "in any capacity," and non-payment without applying ATT09, ATT10 and ATT02 Parts 6 and 7.

3. Further medical framing me as the psychosocial risk before return "in any capacity" (your 13–15 July emails)

Wrong application of ATT05 and ATT02.
• ATT05 and ATT02 EB12 cl 7.2 require assessment of psychosocial hazards in the workplace and work system (including workplace risk assessments as requested through an HCF by employer or union).
• The 3 July ECC already identifies workplace stressors (complaint-handling; blame for others' failures; rostering/fatigue; unresolved line-management matters). Those are workplace issues under ATT05 and ATT02 cl 7.1.5(j) and 7.2.
• Framing psychosocial risk as a personal barrier inside Injury Management / QSuper misapplies ATT02 cl 7.2 and cl 7.1.11 (feedback when WHS matters are raised).
• Workplace psychosocial issues I have raised over more than two years are not properly dealt with by indefinite IM hold-out. That process is not the correct forum under ATT02 cl 7.2.
• I will cooperate with reasonable medical requests that are specific and linked to identified job tasks under ATT14. Open-ended further medical is not a correct precondition to all duties where ATT14 and the ECC already define capacity I have been performing.

4. "Unable to facilitate" / no alternative duties (Chloe 2 July; your 13–15 July emails)

Wrong application of ATT09, ATT10 and ATT02.
• Chloe's 2 July email made facilitation conditional on a completed ECC. I provided that ECC on 3 July while working. Facilitation was then refused and I was directed

off — the opposite of facilitating return on the medical basis required.

• The ECC states fit from 3 July as continuation of the existing arrangement and that usual switchboard duties remain suitable with modifications against ATT14. Refusing all duties "in any capacity" does not correctly apply ATT10, ATT09 or ATT02 cl 7.1.5(f)–(h).

• Correct application requires identifying any specific duty and restriction said to be incompatible, what modification was considered, and what was rejected — not a blanket refusal.

5. Leave coding as sick leave / sick leave no pay / "IP no pay" while certified fit and directed not to attend

Wrong application of ATT02, ATT12 and ATT13.

• From 3 July 2026 the relevant absence is employer-directed while I am certified fit and available. That is not ordinary sick leave for that period.

• "IP no pay" is not the correct industrial answer under ATT02 when the employer has directed me off after an ECC.

• ATT02 EB12 cl 9.12 provides that Directive 12/24: Special Leave (ATT12) applies to employees covered by the Agreement. ATT13 QH-POL-231 (C7) also applies.

• Special leave under ATT12 and ATT13 must be applied for employer-directed exclusion while I am ready, willing and able within the ECC. Where the only barrier is refusal to facilitate certified duties, special leave on full pay (or ordinary pay as if at work) must be applied. Please correct coding and identify the delegate and instrument for each day from 3 July.

6. Treating 28 August 2026 as if capacity only starts then

Wrong application of the ECC itself.

• 28 August 2026 is the next review of restrictions. 3 July 2026 is the date fit to commence the certified arrangement. Capacity is certified now.

WHAT YOU MUST APPLY

ATT02 EB12 cl 6.1 — employment security

ATT02 EB12 cl 7.1.5 — injury management; ill or injured employees; fatigue; psychosocial issues + ATT05; admin frontline security
ATT02 EB12 cl 7.2 — psychosocial risk assessments of workplaces
ATT02 EB12 cl 7.1.11 — feedback on WHS matters
ATT02 EB12 cl 9.12 + ATT12 + ATT13 — Special Leave
ATT03 — hours, breaks and rostering with the Agreement
ATT09 — workplace rehabilitation / RTW pathway
ATT10 — reasonable adjustment (including temporary adjustment and capacity restriction)
ATT05 — workplace psychosocial risk
ATT14 — task match to the AO3 role the doctor viewed

REQUESTS — PLEASE RESPOND IN WRITING WITHIN 5 BUSINESS DAYS

1. Facilitate my return under the 3 July 2026 ECC (or a written suitable duties plan implementing it: start date, hours, location, tasks, review date) by applying ATT09, ATT10 and ATT02 cl 7.1.5.
2. Complete a task-by-task match of ATT14 to the 3 July ECC. If you maintain you cannot facilitate, identify each restriction and duty and what was considered and rejected.
3. Be specific about any further medical still said to be required: exact questions; which ATT14 job task each relates to; what on the existing ECC is said to be insufficient.
4. Apply special leave under ATT02 cl 9.12, ATT12 and ATT13 for employer-directed days from 3 July while certified fit and available; correct "IP no pay" / sick no pay coding; identify delegate and instrument.
5. Confirm ordinary pay treatment for periods I was ready and available within the ECC but directed not to attend.
6. Confirm compliance with the direction not to attend is not abandonment or unauthorised absence (ATT02 cl 6.1).
7. Arrange a workplace-directed psychosocial risk assessment under ATT02 cl 7.2 and ATT05.
8. Identify the decision-maker for facilitation, suitable duties, special leave and pay, and the instrument for the 3 July direction not to attend.

I will continue to provide reasonable medical information directed to placement and safety. Please make further requests specific and linked to ATT14 tasks.

My QIRC appeal WC/2024/227 is separate. ART/QSuper is being addressed with Mr Zappia.

I look forward to your written response and a meeting date to facilitate return under the attached agreements and policies.

Yours sincerely,
Cory Lea Shepherd
0417 400 227
MSH-INJ-5795

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ACTION REQUIRED | Request for Medical Information: Cory Shepherd (MSH-INJ-5795) [CLM-317073]

From: LBH Injury Management LBH_InjuryManagement@health.qld.gov.au
To: Cory Shepherd coryshepherd1@hotmail.com
Cc: notes@solv.com.au notes@solv.com.au, LBHS Human Resources Team 1 LBH.HRTeam1@health.qld.gov.au
Sent: Friday 31 July at 11:43

Good morning Cory,

Thank you for agreeing to coordinate with your doctor to obtain the additional information that will be so important in helping us properly assess your current medical situation and workplace requirements. I have attached the following documents to assist with this:

1. A letter to you explaining the process
2. A letter to your GP, including some specific questions
3. Attachment 1 to the letter to your GP
4. Attachment 2 to the letter to your GP

Please let me if you have any questions.

Kindest Regards

Michelle Harrison
Injury Management Consultant | LBHS HR Team 1
Human Resources
Logan and Beaudesert Hospital and Health Service
4/3-5 University Drive, Meadowbrook Qld 4131
Metro South Health |

e. lbh_InjuryManagement@health.qld.gov.au | Chat on Teams
p. 07 3542 2744
a. Mon-Fri 8am - 4pm

Metro South Health recognises and pays respect to the traditional custodians of the land and waters – the Yugambeh, Quandamooka, Jaggera, Ugarapul, Turrbal, and Mununjali peoples – and to Elders, past, present and emerging.

Please be advised that we are currently transitioning into Solv, a new Injury Management Case System. Our documents and communications may change appearance slightly and you may even receive communications from us via the @Solv.com.au email pathway, as this is a new email pathway, please ensure you are regularly checking your Junk folder in your email accounts and save the @solv to your frequent emails so you do not miss any communications. Please note these emails are legitimate and are from us here at lbh_InjuryManagement@health.qld.gov.au. If you have any concerns, please reach out to us via the above contact details.

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Enquiries to: Michelle Harrison
Injury Management Consultant
Human Resources
Telephone: 07 3542 2744

Queensland Government

Metro South Health
Logan and Beaudesert Health Service

Mr Cory Shepherd
12304/3113 Surfers Paradise Blvd
SURFERS PARADISE QLD 4217

Dear Mr Shepherd

I refer to your employment as an Administration Officer (**AO**), Switchboard Operations, Corporate Services, Logan Hospital **(LH),** Metro South Health **(MSH)** on a Permanent Full-time basis 76 hours per fortnight and your recently completed Employee Capabilities Checklist (**ECC**) (**Attachment 1**) completed by Dr Day Hong Ma on the **3 July 2026** which was provided to us to facilitate a Return to Work Plan.

I am seeking further clarification from Dr Day Hong Ma, to understand the nature of some of the restrictions stated in the ECC and how this relates to your current medical condition/s and the effect they have on your ability to perform the inherent requirements of your role Administration Officer (**AO**), Switchboard Operations, Corporate Services **(CS)** Logan Hospital.

I require further information from your general practitioner to confirm:

- The impact of your medical condition and/or disorder on your ability to perform your role;
- Any risks to your health and safety in undertaking the role;
- Any other matters that are considered relevant to your medical condition and/or disorder.

You may choose to:

1. Obtain this information from your medical practitioner on the attached '*Request for Medical Information*'; or
2. Provide Metro South Health permission to obtain this information directly from your medical practitioner. An authority form is attached should you prefer this option. Please let me know if you prefer this option.

We are requesting this information in accordance with the provisions of the Human Resources (**HR**) Policy G3: Reasonable Adjustment, and sections 17 and 19 of the *Work Health and Safety Act 2011*. This information will primarily be used for the purposes of better understanding your condition and to support the implementation for appropriate controls within the working environment or any other reasonable adjustments.

I ask that you please return the applicable document within **seven (7) calendar days** of receipt of this letter. This will enable me to give proper consideration to your requested restrictions to duties and determine what accommodations we can provide. If you do not return the document within this timeframe or seek a reasonable extension, I will make a decision regarding your ability to perform your role based on the available information.

MSH will meet your reasonable costs of preparing this report and we appreciate your assistance with this request. Please send invoices to **Michelle Harrison**, Injury Management Consultant, Human Resources, Logan and Beaudesert Health Services via email at lbh_InjuryManagement@health.qld.gov.au.

Employee support
I acknowledge this may be a difficult time for you. I would like to take this opportunity to also advise you of the Employee Assistance Program. This is a confidential counselling service which is free of charge to all employees of MSH for up to six sessions per calendar year. Access to this service is by self-referral.

Should you wish to access Employee Assistance, please contact TELUS Health on 1800 604 640, or for Aboriginal and Torres Strait Islander support, please contact TELUS Health on 1800 816 152.

More information about the support TELUS Health can provide cab be found out their website https://app.one.telushealth.com/ or by downloading the free TELUS Health One app. You can log on to both using the following credentials:

Username: mshhs
Password: mshhs

Questions
If you have any questions in relation this correspondence or the process, please contact **Michelle Harrison** Injury Management Consultant, Human Resources, Logan and Beaudesert Health Service via email at lbh_InjuryManagement@health.qld.gov.au or Ph: (07) 3542 2744.

Yours sincerely,

Scott Hughes
Director, Corporate Services
Logan Beaudesert Health Service
Metro South Health
31/07/2026

Enquiries to: Michelle Harrison
Injury Management Consultant
Human Resources
Telephone: 07 3542 2744

Queensland Government

Metro South Health
Logan and Beaudesert Health Service

Dr Day Hong Ma
My Doctors Clinic
16/3221 Surfers Paradise Boulevard
SURFERS PARADISE QLD 4217

Dear Dr Day Hong Ma,

Name of Employee: Mr Cory Shepherd
Date of Birth: 11 January 1991

I refer to your patient, Mr Cory Shepherd and his employment as an Administration Officer (**AO**), Switchboard Operations, Corporate Services (**CS**), Logan Hospital (**LH**), Metro South Health (**the Health Service**) on a Permanent Full-time bases (76 hours per fortnight).

Background
Logan and Beaudesert Health Service (**LBHS**) is in receipt of an Employee Capabilities Checklist (**ECC**) (**Attachment 1)** completed by you on the 3 July 2026.

In accordance with Queensland Health Human Resource (**HR**) Policy G3: *Reasonable Adjustment*, and sections 17 and 19 of the *Work Health and Safety Act 2011*, the Health Service is seeking further clarification of the medical information you have provided regarding Mr Shepherd. The purposes of this request is to better understand Mr Shepherd's condition and current capacity for work, including any restrictions or limitations that may need to be considered.

This information will assist the Health Service to identify and implement any appropriate workplace controls or reasonable adjustments to support a safe and sustainable return to his substantive position.

Questions
I appreciate your assistance with this request. Should you require any additional information or have a query about this request please contact Michelle Harrison, Injury Management Consultant, Human Resources, Logan and Beaudesert Health Service via email at lbh_InjuryManagement@health.qld.gov.au or phone: (07) 3542 2744.

Yours sincerely

Scott Hughes
Director, Corporate Services
Logan Beaudesert Health Service
Metro South Health
31/07/2026

Attachment 1 – Employee Capabilities Checklist
Attachment 2 – Role Description

Better together

Information requested from Dr Day Hong Ma:

1. The attached Employee Capabilities Checklist states that Mr Shepherd has a diagnosis of Major Depressive Disorder (**MDD**) with anxious distress, with symptoms exacerbated on exposure to identified workplace stressors, including complaint handling, being held accountable and blamed for the failures of others, and unpredictable rostering.

   Could you please clarify the below question in relation to this statement:

   a. When was Mr Shepherd first diagnosed with MDD?

   b. What is the clinical basis for identifying these specific workplace stressors as contributing to the exacerbation of Mr Shepherd's condition.

   c. Whether these workplace stressors are based solely on Mr Shepherd's self-report, your own clinical assessment, or other medical information/reports available to you.

   d. Whether exposure to these workplace stressors presents a foreseeable risk to Mr Shepherd's health or safety if he were to return to work, and if so, what specific workplace controls or adjustments you consider medically necessary to manage that risk.

2. You have described Mr Shepherd's condition as a "*work-related psychological injury*", with existing stressors that could impact on a return to substantive role, specifically:
    - "*(2) being held accountable and blamed for failures of others*".
    - "*(4) unresolved workplace matters involving line management*".

    As the Health Service is not aware of any concerns being raised for appropriate management, clarification on these statements is being sought to better understand the nature of his injury/illness, including:
    - If Mr Shepherd is able to follow a reasonable and lawful direction is issued by his supervisor.

_____

_____

_____

    - Participate in discussions in relation to his workplace performance and/or conduct.

_____

_____

_____

    Please provide any further context and/or considerations relating to Mr Shepherd's *work-related psychological injury*?

_____

_____

_____

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_____

3. Having regard to your reference to unresolved workplace matters involving line management, please confirm whether Mr Shepherd is medically fit to return to their substantive role under the existing reporting arrangements, including working with and reporting to their current line manager.

_____

_____

_____

_____

_____

4. If Mr Shepherd is not able to return to his substantive role under the existing reporting arrangements, please specify any restrictions or adjustments you recommend, the clinical basis for those recommendations in functional terms, and the anticipated duration and review date.

5. The ECC recommends that Mr Shepherd not undertake complaint-handling duties, can you please clarify what specific activities are encompassed within "complaint handling" does this restriction relate to receiving complaints, documenting complaints, redirecting complaints, resolving complaints, or all complaint-related interactions.

   For consideration in responding to this question, established process for client complaints received by Switchboard employees is for immediate escalation and management by the Health Service Client Liaison Officer and/or Manager, Switchboard Services.

6. In your medical opinion is Mr Shepherd able to fulfill the full inherent requirements of his Role Administration Officer – Switchboard Services (**Attachment 2**) *without* restrictions or modifications to duties?

7. Your report states Mr Shepherds "working memory is affected under stress". Could you please clarify what this means in functional terms in the workplace, including:
   a. how this may affect their capacity to perform their substantive duties under normal workplace demands;
   b. the types of circumstances likely to cause this difficulty;

8. Are there specific tasks, situations, or environments (e.g., high-pressure settings, shift work, patient acuity) that may exacerbate Mr Shepherd's condition or symptoms?

_____

_____

_____

_____

_____

9. If we are not able to accommodate the restrictions you have recommended, is Mr Shepherd able to safely return to the workplace?

_____

_____

_____

_____

_____

Please include your practice details/stamp here	Signature _____ Date

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Administration Officer, Switchboard Services (RD)

Job Ad Reference:			
Status:	Administration Officer, Switchboard Services		
Unit/Department:	Switchboard, Corporate Services		
Location:	Logan Hospital, Metro South Hospital and Health Service		
Contact:	Chloe Taylor (07) 2891 9190	**Salary range:**	
Classification:	A03	**Closing date:**	
Online applications:			
Email applications:	Chloe.taylor3@health.qld.gov.au		

Applications from third parties will not be accepted

Purpose of the role

To provide a highly effective and efficient communication service to the public and staff of the Logan Hospital within Metro South Hospital and Health Service.

The occupant of this position is required to work continuous shift work over the full 24-hour period, 7 days a week

Your key responsibilities

- This position reports to the Switchboard Manager, Corporate Services, Logan Hospital.
- Attend courteously to all telephone enquiries and clients' requests, displaying tact, diplomacy and interpersonal skills of a high standard when dealing with the public and members of staff. Maintain call queues to minimum at all times.
- Collate information and maintain Omnivista database and SharePoint to ensure information held within Switchboard Services is accurate and appropriate.
- Provide a service to support hospital staff in the allocation, coordination, and fault repair of all pager units for the hospital. This includes allocating pagers to hospital staff and submitting paging units for repair, maintaining database and registers with accurate and current information.
- Participate in the Emergency Response process by receiving emergency response notifications and distributing them to the appropriate response groups, dependent on the category of emergency, as per emergency code procedures, strictly adhering to protocols and timeframes.
- Ability to communicate at all levels and effectively establish and foster networks throughout the hospital to maintain accurate and current records for effective switchboard operations.
- Maintain discretion and exercise judgement where necessary to resolve problems within the scope of your role; in situations where precedence have not been set and procedures not defined.
- Interact in a sensitive, timely, effective, and appropriate manner with members of the general public and service providers, maintaining strict confidentiality at all times.
- The ability to multitask and operate under pressure, particularly where high volume call traffic is concerned.
- Contribute to a cohesive team environment by sharing information, supporting and assisting colleagues in a proactive manner.
- Ability to work effectively as an individual with limited supervision to meet deadlines and establish work priorities, and work as a member of a multi-disciplinary team in a changing environment.
- Ensure patients and other staff are treated fairly and with mutual respect and understanding, regardless of cultural, religious, ethnic and linguistic backgrounds, gender, identity, ages or abilities.

Queensland Government

- Follow defined service quality standards, occupational health and safety policies and procedures relating to the work being undertaken to ensure high quality, safe services and workplaces.

Mandatory qualifications, professional registration and other requirements

- The position is a continuous shift working role. You must be able to work a roster which covers multiple shifts over a 24/7 period.
- Intermediate / advanced computer skills.
- Recent experience in the operation of a switchboard is desirable but not essential.
- **Vaccine Preventable Disease (VPD):** It is a condition of employment for this role for the employee to be, and remain, vaccinated against the following vaccine preventable diseases during their employment (Health Employment Directive No. 01/16):
  - measles, mumps, rubella (MMR)
  - varicella (chicken pox)
  - pertussis (whooping cough)
  - hepatitis B
- It is a condition of employment for this role for the employee to be, and remain, vaccinated against COVID-19 Health Employment Directive No. 12/21. and Queensland Health Human Resources Policy B70.

Are you the right person for the job?

How we do things is as important as what we do, therefore within the context of the responsibilities described under 'Your key responsibilities,' the ideal applicant will be someone who can demonstrate the following:

Communicate Effectively	▪ Strong communication and negotiation skills to understand customers' needs. Demonstrate respect, courtesy and fairness when interacting with patients, clients and colleagues.
Team Focus	▪ Value diversity of thought and include everyone within the team. Actively support a culture of diversity, trust, support and inclusion.
Technical Skills	▪ Intermediate / advanced computer skills.
Change & Quality Focus	▪ Be open to new ideas and approaches and be adaptable in the face of change. Support and participate in change initiatives. Follow procedures and processes understanding implications within a health care setting.
Work Ethics	▪ Be honest, ethical and professional. Work within boundaries of role.

How to apply

Please provide the following information to the panel to assess your suitability:

- A short written response (maximum 1-2 pages, dot points acceptable) on how your experience, abilities, knowledge and personal qualities would enable you to achieve the key responsibilities and meet the skill requirements of the role.
- Your current CV or resume, including two referees. You must seek approval prior to nominating a person as a referee.
- Late applications cannot be submitted online. For a late application to be considered, please arrange approval and submission via the contact person.
- Applications will remain current for 12 months or for the duration of the vacancy. Future vacancies of a temporary, full time and part time nature may also be filled through this recruitment process.
- Only those persons eligible to work in Australia may be employed by Queensland Health. Prospective employees are required to provide proof of identity and documentary evidence of their right to work in Australia.

We are Metro South Health

We are the major public healthcare provider for Brisbane's south side, Logan, Redlands and the Scenic Rim. We operate five major hospitals and a range of community, specialty and state-wide healthcare services. We are renowned for teaching and research excellence.

We are truly dedicated people who care about our community. We come to work to make a difference. We save lives, changes lives and make the world a better place. We overcome the many challenges that come our way by going above and beyond and achieve the best possible outcomes by working together. We are bold, innovative, collaborative, inspiring.

We are part of and proud of the community we serve. We are *better together*.

Our values

Our values of Integrity, Compassion, Accountability, Respect, Engagement and Excellence, shape our culture. Our values guide our day-to-day decision making and are fundamental to what we care about as a health service, how we behave, how we interact with each other and provide care to the many patients who come through our doors every day.

Diversity and inclusion

We are the most culturally diverse area of Queensland with 28.5% of the community born overseas and 16% from non-English speaking countries. Our employees proudly reflect the community in which they work. At Metro South Health 20.5% of staff identify as coming from non-English speaking backgrounds.

Having a workforce that reflects and understands the needs and expectations of our community is important to delivering safe, kinder, and more inclusive care.

We recognise our strength comes from the diversity of our people and so we encourage people of all genders, ethnicities, ages, abilities, languages, sexual orientation and family responsibilities to apply.

We are committed to creating a diverse and inclusive workplace for our people and our community.

Flexible working arrangements

Metro South Health supports and encourages work-life balance for the mutual benefit of Metro South Health and its employees. Work-life balance is about a person's ability to manage their paid work commitments with their career goals, personal, community and cultural responsibilities. Through flexible working arrangements such as leave, flex time accrual or a reduction in working hours, there is an opportunity to match the individual's requirements with those of the workplace – delivering quality health services.

Additional information

For further information about this opportunity and the benefits and conditions of working at Metro South Health please refer to the **Information for Applicants** document attached with this Smart Jobs advertised vacancy.

So you have finished your Role Description, what's next? Check out the Recruitment Process Flow for next steps, here

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Worker Authorisation

Collection notice:

Metro South Health is collecting your information in order to support rehabilitation and return to work processes. Personal information collected is handled in accordance with the Information Privacy Act 2009. With your consent, the health agency's Rehabilitation and Return to Work Coordinator or representative will contact your treating medical practitioners and health care providers, as well as authorised WorkCover Queensland representatives and authorised QSuper or other income protection insurer representatives where relevant, in order to obtain and communicate information about your current injury/illness, to assist the planning and management of your workplace rehabilitation and return to work.

All personal information will be securely stored and only accessible by appropriately authorised officers of Metro South Health involved in your workplace rehabilitation, such as your workplace supervisor, Rehabilitation and Return to Work Coordinator, Human Resources and other authorised representatives. Your personal information may be disclosed to WorkCover Queensland, QSuper or other income protection insurers for the purposes of your workplace rehabilitation program. Your personal information will not be disclosed to other third parties without consent, unless the disclosure is authorised or required by or under law. If you do not provide all the personal information requested in the form, the health agency may not be able to fully support your workplace rehabilitation for your current injury/illness, due to the requirement for this information to address any work health and safety concerns.

For any questions regarding this collection notice, please contact your local health and safety or rehabilitation contact. For information about how Metro South Health protects your personal information, how to access or correct your own personal information, or how to make a complaint about a breach of the privacy principles and learn how we deal with such a complaint, please refer to:

Metro South Health's privacy policy.

Authority

Please tick the boxes below as appropriate to indicate whether you consent to the listed activity in relation to information (which may include sensitive or confidential health information) which is relevant to your current illness/injury ("your information") for the purpose of your workplace rehabilitation.

Activity	Yes	No	N/A
Do you consent to the health agency's appointed Rehabilitation and Return to Work Coordinator / employer representative disclosing and obtaining your information from WorkCover Queensland?	☐	☐	☐
* WorkCover Queensland collects your personal information in accordance with the *Workers' Compensation and Rehabilitation Act 2003* in order to assess your entitlement to compensation and manage your rehabilitation and return to work. Some of this information may be given to your employer for the purpose of payments, treatment, rehabilitation and return to work. By agreeing to the terms of WorkCover's privacy notice and worker's statement, you have authorised disclosure to WorkCover any information about your medical history relevant to this claim.			
Do you consent to the health agency's appointed Rehabilitation and Return to Work Coordinator / employer representative disclosing and obtaining your information from QSuper or other income protection insurer?	☐	☐	☐
Do you consent to the Rehabilitation and Return to Work Coordinator disclosing your information, including by email, to the treating medical and health care practitioners, external rehabilitation providers and any other insurers involved in your workplace rehabilitation?	☐	☐	☐
Do you consent to the medical and health care practitioners and any other insurers listed in the schedule below disclosing your information to the health agency's appointed Rehabilitation and Return to Work Coordinator/s?	☐	☐	☐

Medical/Health Practitioner	Address	Telephone

This authority shall remain current until either of the following actions result:

- I advise the health agency in writing of my decision to revoke this authority; or
- my rehabilitation and return to work program has finalised.

Signature **Name (Please print):** **Date**

(A photocopy of this consent form maybe accepted with the same authority as the original)

Queensland Government

ACTION REQUIRED | Request for Reimbursement: Cory Shepherd (MSH-INJ-5795) [CLM-317073]

From: LBH Injury Management LBH_InjuryManagement@health.qld.gov.au
To: Cory Shepherd coryshepherd1@hotmail.com
Cc: notes@solv.com.au notes@solv.com.au
Sent: Friday 31 July at 15:15

Good afternoon Cory,

In relation to your request for reimbursement, we are more than happy to assist with this process.

Could you please ask the Medical Centre to email us directly at LBH_InjuryManagement@health.qld.gov.au with a copy of the invoice and remittance advice confirming that payment has already been made? This will allow us to commence the reimbursement process.
I note that you have already provided a copy of the invoice; however, we also require confirmation of payment directly from the Medical Centre via their practice email address before we can proceed.

If you have any questions, please let me know.

Kindest Regards

Michelle Harrison
Injury Management Consultant | LBHS HR Team 1
Human Resources
Logan and Beaudesert Hospital and Health Service
4/3-5 University Drive, Meadowbrook Qld 4131
Metro South Health |

e. lbh_InjuryManagement@health.qld.gov.au | Chat on Teams
p. 07 3542 2744
a. Mon-Fri 8am - 4pm

Metro South Health recognises and pays respect to the traditional custodians of the land and waters – the Yugambeh, Quandamooka, Jaggera, Ugarapul, Turrbal, and Mununjali peoples – and to Elders, past, present and emerging.

Please be advised that we are currently transitioning into Solv, a new Injury Management Case System. Our documents and communications may change appearance slightly and you may even receive communications from us via the @Solv.com.au email pathway, as this is a new email pathway, please ensure you are regularly checking your Junk folder in your email accounts and save the @solv to your frequent emails so you do not miss any communications. Please note these emails are legitimate and are from us here at lbh_InjuryManagement@health.qld.gov.au. If you have any concerns, please reach out to us via the above contact details.

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Response — Request for Medical Information, MSH-INJ-5795 [CLM-317073]

From: Cory Shepherd coryshepherd1@hotmail.com
To: LBH Injury Management lbh_injurymanagement@health.qld.gov.au
Cc: LBH_HR lbh_hr@health.qld.gov.au, Heath Moran heath.moran@together.org.au
Sent: Monday 3 August at 11:38

Dear Human Resources team,

I refer to the email from Injury Management of Friday 31 July 2026 at 11:43am and the two letters of the same date signed by Mr Scott Hughes, Director, Corporate Services. I have directed this response to Human Resources, and copied Injury Management so that it is received within the timeframe the letter set.

Nothing in this response is a personal complaint about any individual, and I ask for no finding about anyone. My concern is with how the process is being run, and with the support and adjustment that ordinarily apply when an employee is certified fit with restrictions. I have copied my union, and I have written separately to the Chief Executive today about the conflict of interest and the handling of my personal information.

I am engaging with this process and will obtain the information sought. My response is attached, with a proposed allocation of the nine questions and my proposal for return to work. In summary:

- Questions 1(d), 4, 5 and 8 I will obtain from my general practitioner; Questions 7, 1(a), 1(d) and 8 from my treating psychiatrist. Please confirm which questions the Health Service presses, and the invoices will be

directed to you under the arrangement in your letter.

- Questions 2, 3, 6 and 9 are not medical questions: they ask my doctor to answer matters which G03 and the Work Health and Safety Act place with the Health Service. I ask that the Health Service answer those itself; the medical part of each can then be put to my practitioners.

- Question 1(a) is answered openly in the attachment: the diagnosis was made on 24 October 2024, with the clinical context to come from my psychiatrist.

- Question 1(c) I consent to, and the answer is in Dr Ma's own file: his understanding of my condition derives from my psychiatrist's correspondence, not my self-report.

- Question 1(b) alone I ask be withdrawn. G03 clause 3 permits medical information "where necessary" to identify or assess adjustments; a causal formulation does neither, and it goes to a matter in issue in WC/2024/227.

I adopt option 1 and will obtain the information myself. I do not provide an authority under option 2.

Three matters are dealt with in the attachment and I flag them here.

First, timing. I met the 2:00pm deadline of 3 July; the checklist certified me fit with restrictions; within the hour I was told I could not attend, and I have been held out for five weeks without an instrument being identified or a date given. Your letter arrived two hours before a consultation with Dr Ma of which the Health Service had notice; I cancelled it rather than waste a cost, and will rebook once the question set is settled. I ask for the extension your letter contemplates, and for a

date by which the Health Service will tell me whether I am returning to work. I also ask what decision is meant by "a decision regarding your ability to perform your role", and under what instrument it would be made — this is the second occasion an adverse position has been foreshadowed without one.

Second, my exclusion. The Health Service's own letter confirms complaints are escalated to the Client Liaison Officer and/or Manager, and the Role Description contains no complaint-handling duty. There is no identified restriction preventing my performance of the role. I ask to be returned to my roster, and that the leave debited since 3 July 2026 be reversed.

Third, delegation and conflict. I previously asked who is making decisions about me and whether any conflict has been identified and managed; I have not been answered. Part 6 of the attachment asks again and proposes the ordinary separation of functions.

I also attach a short notice setting out the arrangements for the medical appointments — which I will rebook within three business days of the Health Service confirming which questions it presses — and the position on the cost of the reports.

I remain willing to return to work on terms which are safe for me and workable for the Health Service, and would be glad to meet with a support person present. My proposal is attached as a separate document, the Proposal for Return to Work, and I ask that it be received together with my separate request of today under clause 10.3.2 of the certified agreement.

Yours sincerely,
Cory Lea Shepherd
AO3, Switchboard Services, Logan Hospital
0417 400 227 · coryshepherd1@hotmail.com

Request under clause 10.3.2 — change in the way I work — C Shepherd, MSH-INJ-5795

From: Cory Shepherd
coryshepherd1@hotmail.com
To: LBH Injury Management
lbh_injurymanagement@health.qld.gov.au,
LBH_HR lbh_hr@health.qld.gov.au
Cc: Heath Moran heath.moran@together.org.au
Sent: Monday 3 August at 11:38

Dear Human Resources team,

I attach a request under clause 10.3.2 of the certified agreement for a change in the way I work. I have made it as a separate document so that there is no question about what it is or when it was received.

The request sets out the change I am asking for and my reasons for it, in the form clause 10.3.3 requires. I have asked that the decision be made by an officer outside Corporate Services, for the reasons at part 4.

I would much prefer this be resolved by discussion and I am available at any time.

Kind regards,
Cory Shepherd
AO3, Switchboard Services, Logan Hospital
0417 400 227

Notice of dispute — clause 1.11 — attendance, roster, leave and pay from 26 June 2026

From: Cory Shepherd coryshepherd1@hotmail.com
To: Chloe Taylor chloe.taylor3@health.qld.gov.au, LBH Injury Management lbh_injurymanagement@health.qld.gov.au, LBH_HR lbh_hr@health.qld.gov.au
Cc: Heath Moran heath.moran@together.org.au
Sent: Monday 3 August at 11:38

Dear Chloe,

I attach a notice of dispute under clause 1.11.2(a) of the certified agreement. It is addressed to you as my immediate supervisor because the clause requires that.

I would prefer this resolved at Stage 1 and I am available to discuss it at any time, including today. I have asked that a support person and my union representative be present.

I have raised at part 5 a question about who should conduct the Stage 1 discussion. I make no allegation against anyone and will attend whichever way the Health Service prefers.

Kind regards,
Cory Shepherd
AO3, Switchboard Services, Logan Hospital
0417 400 227

Attention Ms Noelle Cridland, Chief Executive — Conflict of interest and information handling — C Shepherd, MSH-INJ-5795

From: Cory Shepherd
coryshepherd1@hotmail.com
To: noelle.cridland@health.qld.gov.au
noelle.cridland@health.qld.gov.au
Cc: MetroSouthCorro@health.qld.gov.au
MetroSouthCorro@health.qld.gov.au
Sent: Monday 3 August at 11:38

Dear Ms Cridland,

I attach a letter concerning the decisions being made about my attendance and my return to duty, and the handling of my personal information.

I would be grateful if your office would bring it to your personal attention: it is a disclosure under section 89 of the Public Sector Act 2022, which the Act directs to the chief executive.

I have addressed it to you because section 89 of the Public Sector Act 2022 makes the chief executive the person to whom a conflict is disclosed, and the only person who may authorise an officer to continue to act in a matter affected by one. I do not raise it with you to escalate it.

I make no allegation against any individual and I ask for no finding to be made about anyone.
The letter asks five questions and proposes the ordinary separation of functions. If the answers show the matter has been dealt with, that will resolve it and I will take it no further.

Kind regards,
Cory Shepherd
AO3, Switchboard Services, Logan Hospital

0417 400 227

RE: Attention Ms Noelle Cridland, Chief Executive — Conflict of interest and information handling — C Shepherd, MSH-INJ-5795

From: Metro South Corro MetroSouthCorro@health.qld.gov.au
To: Cory Shepherd coryshepherd1@hotmail.com
Sent: Monday 3 August at 12:45

Good afternoon Corey,

I have been asked by Noelle Cridland, Health Service Chief Executive to acknowledge receipt of your correspondence.

Kind regards

Mark

Metro South Executive Services
Metro South Health
Princess Alexandra Hospital, Building 15, Level 3,
Woolloongabba QLD
4102
e. MetroSouthCorro@health.qld.gov.au

From: Cory Shepherd <coryshepherd1@hotmail.com>
Sent: Monday, 3 August 2026 11:38 AM
To: Noelle Cridland <Noelle.Cridland@health.qld.gov.au>
Cc: Metro South Corro <MetroSouthCorro@health.qld.gov.au>
Subject: Attention Ms Noelle Cridland, Chief Executive — Conflict of interest and information handling — C Shepherd, MSH-INJ-5795

This email originated from outside Queensland Health. DO NOT click on any links or open attachments unless you recognise the sender and know the content is safe.

Dear Ms Cridland,

I attach a letter concerning the decisions being made about my attendance and my return to duty, and the handling of my personal information.

I would be grateful if your office would bring it to your personal attention: it is a disclosure under section 89 of the Public Sector Act 2022, which the Act directs to the chief executive.

I have addressed it to you because section 89 of the Public Sector Act 2022 makes the chief executive the person to whom a conflict is disclosed, and the only person who may authorise an officer to continue to act in a matter affected by one. I do not raise it with you to escalate it.

I make no allegation against any individual and I ask for no finding to be made about anyone.
The letter asks five questions and proposes the ordinary separation of functions. If the answers show the matter has been dealt with, that will resolve it and I will take it no further.

Kind regards,
Cory Shepherd
AO3, Switchboard Services, Logan Hospital
0417 400 227

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RE: Notice of dispute — clause 1.11 — attendance, roster, leave and pay from 26 June 2026

From: Chloe Taylor Chloe.Taylor3@health.qld.gov.au
To: Cory Shepherd coryshepherd1@hotmail.com, LBH Injury Management LBH_InjuryManagement@health.qld.gov.au, LBH_HR LBH_HR@health.qld.gov.au
Cc: Heath Moran heath.moran@together.org.au
Sent: Tuesday 4 August at 13:35

Hi Cory

I am writing in response to your Stage 1 Dispute dated 3 August 2026, in which you disagree with the decision that has prevented you from attending your rostered shifts since 3 July 2026. Your dispute has been lodged in accordance with clause 1.11.2(a) of the *Queensland Public Health Sector Certified Agreement (No. 12) 2025* (**EB12**).

I wish to acknowledge that clause 1.11.2(a) of EB12 requires that Stage 1 discussions should be conducted within 24 hours. This letter confirms that your dispute has been received and is currently under review. While every effort has been made to progress this matter promptly, the 24-hour timeframe specified in the clause will not be achieved. Upon completion of the review, you will be contacted as soon as practicable to discuss the outcome of your dispute and any appropriate next steps. You will also be provided with an opportunity to raise any questions and discuss the matter further as required.

Please be advised that I am required to process leave on your behalf for the period 20 July 2026 to 2 August 2026. As at today's date, you have a remaining recreation leave balance of **41.21 hours**. Could you please advise whether you would like this recreation leave balance applied to this period? If so, the remaining hours within the fortnight would be recorded as sick leave without pay. I

acknowledge that your dispute includes concerns regarding your leave entitlements. However, pending resolution of the dispute, it is necessary that your absence continues to be managed through the appropriate leave arrangements.

As the payroll cut-off for PP04 is today, I would appreciate your response as soon as possible. If I do not receive a response before payroll processing occurs, I will apply your remaining recreation leave balance to ensure you receive the available paid leave entitlement for this period.

Employee Assistance

I understand this may be a difficult time for you. Should you wish to seek further support, the Employee Assistance Program, provided through TELUS Health on 1800 604 640, is available free of charge for all employees of Metro South Health. This service is a confidential counselling and support service.

Should you wish to access this service, please contact TELUS Health on 1800 604 640 or for Aboriginal and Torres Strait Islander support, please contact 1800 816 152.

More information about the support TELUS Health can provide can be found out their website https://app.one.telushealth.com/ or by downloading the free TELUS Health One app. You can log on to both using the following credentials:

Username: mshhs
Password: mshhs

Kind regards,
Chloe

Chloe Taylor
Switchboard Manager | Local Telecommunications Representative | Switchboard Services
Logan Hospital | Metro South | Queensland Health

P (07) 2891 9190
E chloe.taylor3@health.qld.gov.au
W www.health.qld.gov.au
A Level 2, Building 1, Cnr Loganlea and Armstrong Roads QLD 4131

T Call me on Teams

DELIVERING FOR QUEENSLAND | Queensland Government

Queensland Health acknowledges the Traditional Custodians of the land across Queensland, and pays respect to First Nations Elders past and present.

From: Cory Shepherd <coryshepherd1@hotmail.com>
Sent: Monday, 3 August 2026 11:38 AM
To: Chloe Taylor <Chloe.Taylor3@health.qld.gov.au>; LBH Injury Management <LBH_InjuryManagement@health.qld.gov.au>; LBH_HR <LBH_HR@health.qld.gov.au>
Cc: Heath Moran <heath.moran@together.org.au>
Subject: Notice of dispute — clause 1.11 — attendance, roster, leave and pay from 26 June 2026

This email originated from outside Queensland Health. DO NOT click on any links or open attachments unless you recognise the sender and know the content is safe.

Dear Chloe,

I attach a notice of dispute under clause 1.11.2(a) of the certified agreement. It is addressed to you as my immediate supervisor because the clause requires that.

I would prefer this resolved at Stage 1 and I am available to discuss it at any time, including today. I have asked that a support person and my union representative be present.

I have raised at part 5 a question about who should conduct the Stage 1 discussion. I make no allegation against anyone and will attend whichever way the Health Service prefers.

Kind regards,
Cory Shepherd
AO3, Switchboard Services, Logan Hospital
0417 400 227

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Re: Notice of dispute — clause 1.11 — attendance, roster, leave and pay from 26 June 2026

From: Cory Shepherd coryshepherd1@hotmail.com
To: Chloe Taylor Chloe.Taylor3@health.qld.gov.au, LBH Injury Management LBH_InjuryManagement@health.qld.gov.au, LBH_HR LBH_HR@health.qld.gov.au
Cc: Heath Moran heath.moran@together.org.au, Emily Petering emily.petering@together.org.au
Sent: Wednesday 5 August at 07:30

Dear Chloe,

Thank you for your response yesterday. My reply is attached. It answers the leave question, sets out my understanding of the position, and asks the questions needed so the correct arrangement can be applied. I have made it a separate document so there is no question about what it is or when it was received.

For payroll purposes, the short position is: I do not consent to my recreation leave being applied, and I have asked that the period be coded as special leave on full pay instead. The detail is in the attachment.

Kind regards,
Cory Shepherd
0417 400 227

From: Chloe Taylor <Chloe.Taylor3@health.qld.gov.au>
Sent: Tuesday, August 4, 2026 1:35 PM
To: Cory Shepherd <coryshepherd1@hotmail.com>; LBH Injury Management <LBH_InjuryManagement@health.qld.gov.au>; LBH_HR <LBH_HR@health.qld.gov.au>

Cc: Heath Moran <heath.moran@together.org.au>
Subject: RE: Notice of dispute — clause 1.11 — attendance, roster, leave and pay from 26 June 2026

Hi Cory

I am writing in response to your Stage 1 Dispute dated 3 August 2026, in which you disagree with the decision that has prevented you from attending your rostered shifts since 3 July 2026. Your dispute has been lodged in accordance with clause 1.11.2(a) of the *Queensland Public Health Sector Certified Agreement (No. 12) 2025* (**EB12**).

I wish to acknowledge that clause 1.11.2(a) of EB12 requires that Stage 1 discussions should be conducted within 24 hours. This letter confirms that your dispute has been received and is currently under review. While every effort has been made to progress this matter promptly, the 24-hour timeframe specified in the clause will not be achieved. Upon completion of the review, you will be contacted as soon as practicable to discuss the outcome of your dispute and any appropriate next steps. You will also be provided with an opportunity to raise any questions and discuss the matter further as required.

Please be advised that I am required to process leave on your behalf for the period 20 July 2026 to 2 August 2026. As at today's date, you have a remaining recreation leave balance of **41.21 hours**. Could you please advise whether you would like this recreation leave balance applied to this period? If so, the remaining hours within the fortnight would be recorded as sick leave without pay. I acknowledge that your dispute includes concerns regarding your leave entitlements. However, pending resolution of the dispute, it is necessary that your absence continues to be managed through the appropriate leave arrangements.

As the payroll cut-off for PP04 is today, I would appreciate your response as soon as possible. If I do not receive a response before payroll processing occurs, I will apply your remaining recreation leave balance to ensure you receive the available paid leave entitlement for this period.

Employee Assistance

I understand this may be a difficult time for you. Should you wish to seek further support, the Employee Assistance Program, provided through TELUS Health on 1800 604 640, is available free of charge for all employees of Metro South Health. This service is a confidential counselling and support service.

Should you wish to access this service, please contact TELUS Health on 1800 604 640 or for Aboriginal and Torres Strait Islander support, please contact 1800 816 152.

More information about the support TELUS Health can provide can be found out their website https://app.one.telushealth.com/ or by downloading the free TELUS Health One app. You can log on to both using the following credentials:

Username: mshhs
Password: mshhs

Kind regards,
Chloe

Chloe Taylor
Switchboard Manager | Local Telecommunications Representative | Switchboard Services
Logan Hospital | Metro South | Queensland Health

P (07) 2891 9190
E chloe.taylor3@health.qld.gov.au
W www.health.qld.gov.au
A Level 2, Building 1, Cnr Loganlea and Armstrong Roads QLD 4131
T Call me on Teams

DELIVERING FOR QUEENSLAND | Queensland Government

Queensland Health acknowledges the Traditional Custodians of the land across Queensland, and pays respect to First Nations Elders past and present.

From: Cory Shepherd <coryshepherd1@hotmail.com>
Sent: Monday, 3 August 2026 11:38 AM
To: Chloe Taylor <Chloe.Taylor3@health.qld.gov.au>; LBH Injury Management <LBH_InjuryManagement@health.qld.gov.au>; LBH_HR <LBH_HR@health.qld.gov.au>
Cc: Heath Moran <heath.moran@together.org.au>

Subject: Notice of dispute — clause 1.11 — attendance, roster, leave and pay from 26 June 2026

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Dear Chloe,

I attach a notice of dispute under clause 1.11.2(a) of the certified agreement. It is addressed to you as my immediate supervisor because the clause requires that.

I would prefer this resolved at Stage 1 and I am available to discuss it at any time, including today. I have asked that a support person and my union representative be present.

I have raised at part 5 a question about who should conduct the Stage 1 discussion. I make no allegation against anyone and will attend whichever way the Health Service prefers.

Kind regards,
Cory Shepherd
AO3, Switchboard Services, Logan Hospital
0417 400 227

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RE: Attention Ms Noelle Cridland, Chief Executive — Conflict of interest and information handling — C Shepherd, MSH-INJ-5795

From: Emily Petering Emily.Petering@together.org.au
To: Cory Shepherd coryshepherd1@hotmail.com
Sent: Tuesday 11 August at 16:31

Hi Cory

I'll give you a call once I've looked at the documents you sent through

---

From: Cory Shepherd <coryshepherd1@hotmail.com>
Sent: Tuesday, August 11, 2026 4:29 PM
To: Emily Petering <Emily.Petering@together.org.au>; Heath Moran <heath.moran@together.org.au>
Subject: FW: Attention Ms Noelle Cridland, Chief Executive — Conflict of interest and information handling — C Shepherd, MSH-INJ-5795

Emily,

Prior to our call it might be valuable to read this email. Noel Cridland has directly acknowledged this email.

Please keep this confidential.

From: Cory Shepherd <coryshepherd1@hotmail.com>
Sent: Monday, 3 August 2026 11:38 AM
To: noelle.cridland@health.qld.gov.au
Cc: MetroSouthCorro@health.qld.gov.au
Subject: Attention Ms Noelle Cridland, Chief Executive — Conflict of interest and information handling — C Shepherd, MSH-INJ-5795

Dear Ms Cridland,

I attach a letter concerning the decisions being made about my attendance and my return to duty, and the handling of my personal information.

I would be grateful if your office would bring it to your personal attention: it is a disclosure under section 89 of the Public Sector Act 2022, which the Act directs to the chief executive.

I have addressed it to you because section 89 of the Public Sector Act 2022 makes the chief executive the person to whom a conflict is disclosed, and the only person who may authorise an officer to continue to act in a matter affected by one. I do not raise it with you to escalate it.

I make no allegation against any individual and I ask for no finding to be made about anyone.
The letter asks five questions and proposes the ordinary separation of functions. If the answers show the matter has been dealt with, that will resolve it and I will take it no further.

Kind regards,
Cory Shepherd
AO3, Switchboard Services, Logan Hospital
0417 400 227

Queensland Government

Person ID:388372
Distribution Point: Elect
Cory Shepherd
U 12304 3113 Surfers Paradise
SURFERS PARADISE QLD 4217

Messages

Pay Advice

Private and Confidential

Pay Date	12.08.2026	**Employee Name**	Cory Shepherd	
Employer ABN	66329169412	**Person ID**	388372	
Employer Name	QUEENSLAND HEALTH	**Sub Position**	DHSEA-Admin	AO3 (04)
Assignment No(S)	PAN 00388372			

Type	Week 1							Week 2							Hrs / Units	Rate	Amount
	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun			
	20/07	21/07	22/07	23/07	24/07	25/07	26/07	27/07	28/07	29/07	30/07	31/07	01/08	02/08			
RDO - No Accrual	0.40-	0.40-	0.40-	0.40-	0.40-			0.40-	0.40-	0.40-	0.40-	0.40-			4.00-		
NP Sick Leave	7.60	7.60	7.60	7.60	7.60			7.60	7.60	7.60	7.60	7.60			76.00		

Current Fortnight Gross Pay	**0.00**
Total Gross	**0.00**

Bank Disbursements

Deductions

Total Deductions	**0.00**
Net Income	**0.00**

Employer Super Contributions	Leave Balances (Hrs)	Year To Date	
	For your leave balance, please refer to the Leave tab in the my Payslips app	Taxable YTD now on myGov	
		Total Earnings	5,529.89

For pay enquiries contact your Line Manager in first instance then if required you can log and track your enquiry via myHR.

1 message(s) · print-style export (Graph)

From: Cory Shepherd <coryshepherd1@hotmail.com>
To: LBH Injury Management <lbh_injurymanagement@health.qld.gov.au>; LBH_HR <lbh_hr@health.qld.gov.au>
Cc: LBH.HRTeam1@health.qld.gov.au; Info M <info@mindandmemoryservice.com.au> <info@mindandmemoryservice.com.au>; Emily Petering <emily.petering@together.org.au>
Date: 2026-08-12 08:20:52
Subject: ACTION REQUIRED | Request for Medical Information: Cory Shepherd (MSH-INJ5795) Specialist attendance 12 August 2026, two matters required before the report, outstanding wages, interim return to work

---

Dear Ms Harrison,

I refer to the Request for Medical Information dated 31 July 2026 and the extended timeframe for response. I have copied my union, Together Queensland (Ms Emily Petering), for its awareness and support, and the Mind and Memory Service, so the practice has visibility of how Dr Krishnaiah's requirements are conveyed below and can correct me if I have misstated them.

1. The specialist attendance has occurred

I attended my treating psychiatrist, Dr Krishnaiah of the Mind and Memory Service, on 12 August 2026 to respond to the request.

2. Two matters are required before the report can be provided

As a matter of his clinical reasoning, Dr Krishnaiah requires the following from the Health Service:

(a) The basis of the inquiry, being the incident, change or concern that prompted it. None is identified in the correspondence. The reduced-hours working arrangement the request concerns was formalised by the Health Service itself: it was created in MyHR by my manager on 1 June 2026 and approved by me before its due date of 2 June 2026. The Employee Capability Checklist of 3 July 2026 records that arrangement as a continuation, worked and tolerated without deterioration.

(b) The working arrangement against which capacity is to be assessed. The request describes my employment as permanent full-time (76 hours per fortnight). The operative working arrangement is the one the Health Service formalised on 1 June 2026. The report cannot be prepared without confirmation of which arrangement capacity is to be assessed against.

These requirements may be verified directly with the practice, and I consent to the practice confirming them to the Health Service if contacted. I note that Britney from the Mind and Memory Service has been in direct contact with you and can confirm the practice's view.

Once the two matters above are provided, I will confirm the expected turnaround for the report promptly.

Outstanding wages and hardship

I have received no wages since 13 July 2026, and the fifth week has now begun. I have been held out of the workplace since 26 June 2026, now the sixth week. Over that period my accrued leave has been debited, superannuation contributions have ceased, I am meeting living and financial commitments with no income from any source.

Throughout the same period I have held a current certification of fitness for my role with restrictions (3 July 2026) and have remained available to work under the arrangement the Health Service itself formalised on 1 June 2026. The hardship is therefore not the product of any incapacity or unavailability on my part. It arises from the withholding of work and wages while the basis for the Health Service's own inquiry remains unidentified, and it compounds with each pay cycle.

While an employer may seek medical clarification, it must be able to identify what prompted the inquiry, assess the information it already holds, and communicate its position. While it considers, it cannot properly leave an employee who is certified fit, and whose working arrangement it formalised itself, without wages or work. At present no basis for either has been identified.

What I ask

(i) That the necessary payroll correction (AVAC) be submitted within 24 hours of this email, with confirmation to me, and my outstanding wages processed as a priority payment rather than held to the next scheduled pay run.

(ii) That pending the Health Service's response on item 2, I be returned to the roster under the existing formalised arrangement of 1 June 2026, consistent with the current certificate of 3 July 2026. If the Health Service's position is that it cannot return me to the roster in the interim, please state that position and the reason for it.

If the AVAC is not confirmed within 24 hours and the matters above are not addressed by Friday the 14th of August 2026, I will consider the position a refusal and take the steps available to me to have the wages and the return to work determined externally. I would much prefer to resolve this administratively.

Kind regards,

Cory Lea Shepherd
0417 400 227 | coryshepherd1@hotmail.com

[Message has attachments ? export with --attachments to save files]

RE: ACTION REQUIRED | Request for Medical Information: Cory Shepherd (MSH-INJ5795) Specialist attendance 12 August 2026, two matters required before the report, outstanding wages, interim return to work

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From: LBH Injury Management LBH_InjuryManagement@health.qld.gov.au
To: Cory Shepherd coryshepherd1@hotmail.com, LBH_HR LBH_HR@health.qld.gov.au
Cc: LBHS Human Resources Team 1 LBH.HRTeam1@health.qld.gov.au, Info M <info@mindandmemoryservice.com.au> info@mindandmemoryservice.com.au, Emily Petering emily.petering@together.org.au
Sent: Thursday 13 August at 15:48

Good afternoon Cory,

Thank you for providing your consent for me to speak and correspond with your treating doctor in relation to our request for further medical information; it is greatly appreciated.

I would like to have a quick conversation with you regarding the Employee Authorisation Form (attached), as I think it may be helpful to explain the form in a little more detail and provide you with some clarity about it.

I tried calling you earlier this afternoon, however, the call didn't go through.

Could you please confirm the best phone number to contact you on?

Once I have confirmed your number, I'm happy to give you a call at a time that suits you.

Kindest Regards

Michelle Harrison
Injury Management Consultant | LBHS HR Team 1
Human Resources
Logan and Beaudesert Hospital and Health Service
4/3-5 University Drive, Meadowbrook Qld 4131
Metro South Health |

e. lbh_InjuryManagement@health.qld.gov.au | Chat on Teams
p. 07 3542 2744
a. Mon-Fri 8am - 4pm

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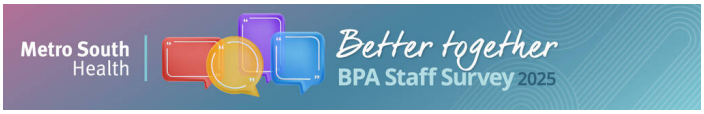

Please be advised that we are currently transitioning into Solv, a new Injury Management Case System. Our documents and communications may change appearance slightly and you may even receive communications from us via the @Solv.com.au email pathway, as this is a new email pathway, please ensure you are regularly checking your Junk folder in your email accounts and save the @solv to your frequent emails so you do not miss any communications. Please note these emails are legitimate and are from us here at lbh_InjuryManagement@health.qld.gov.au. If you have any concerns, please reach out to us via the above contact details.

From: Cory Shepherd <coryshepherd1@hotmail.com>
Sent: Wednesday, 12 August 2026 6:21 PM
To: LBH Injury Management <LBH_InjuryManagement@health.qld.gov.au>; LBH_HR <LBH_HR@health.qld.gov.au>
Cc: LBHS Human Resources Team 1 <LBH.HRTeam1@health.qld.gov.au>; Info M <info@mindandmemoryservice.com.au> <info@mindandmemoryservice.com.au>; Emily Petering

<emily.petering@together.org.au>

Subject: ACTION REQUIRED | Request for Medical Information: Cory Shepherd (MSH-INJ5795) Specialist attendance 12 August 2026, two matters required before the report, outstanding wages, interim return to work

Importance: High

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Dear Ms Harrison,

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Kind regards,

Cory Lea Shepherd
0417 400 227 | coryshepherd1@hotmail.com

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Follow up on Enquiries

From: LBH Injury Management LBH_InjuryManagement@health.qld.gov.au
To: Cory Shepherd coryshepherd1@hotmail.com
Cc: Emily Petering emily.petering@together.org.au, LBHS Human Resources Team 1 LBH.HRTeam1@health.qld.gov.au
Sent: Thursday 13 August at 16:42

Good Afternoon Cory

I hope this email finds you well, I wanted to reach out to you in relation to your emails and enquiries you have made over the past couple of weeks and would welcome time to catch up with you to discuss these further to assist in resolving the concerns you have raised.

My availability is a little limited at the moment as I am on leave for the next few days but I do have time on Friday 21 August 2026 and would like to book in a minimum of about 2 hours with you to really discuss and understand your matters further. The times I have available are

- 09:30 to 11:30, or
- 14:30 to 16:30

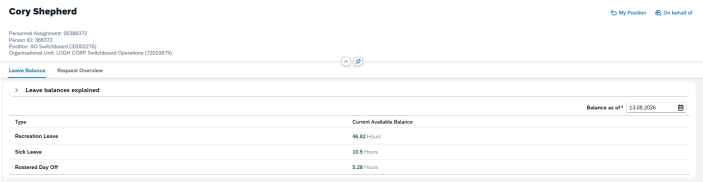
I propose we can do this via teams and also include Emily Petering too, you will see I have included her in my email.

If you could confirm which of these times would work for you ***by close of business on Wednesday 19 August,*** that would be really helpful.

Whilst I understand your belief you are fit to return to the workplace; the medical evidence provided to date does not support that. Therefore, this leave would ordinarily be processed as sick leave and if no sick leave balances are available, it will automatically be processed as sick leave no pay. However, to avoid not being paid, with your approval we can apply other leave entitlements, please see below your current balances. If you could confirm what leave you wish to be applied

from these balances, and we can action accordingly. You do have sick leave balances, so they should automatically be applied, and this is something we can follow up on for you.

I am aware you have a current open Qsuper claim, and we may need to advise Qsuper of any income you are in receipt of in relation to that claim.



Cory Shepherd

My Position On behalf of

Personnel Assignment: 00388372
Person ID: 388372
Position: AO Switchboard (30002276)
Organisational Unit: LOGH CORP Switchboard Operations (72010875)

Leave Balance Request Overview

Leave balances explained

Balance as of* 13.08.2026

Type	Current Available Balance
Recreation Leave	46.82 Hours
Sick Leave	10.5 Hours
Rostered Day Off	5.28 Hours

Looking forward to hearing from you soon. I will be returning to work on Tuesday and happy to respond to any enquiries you may have on my return.

Warm Regards
Jacqui

Jacqui Roberts (she / her)
Principal Consultant I Human Resources
Logan and Beaudesert Health Services (LBHS)
Logan Hospital
Metro South Health I

e. jacqui.roberts@health.qld.gov.au I Chat on Teams
p. (07) 3542 2384 I 0487 313 927

Metro South Health recognises and pays respect to the traditional custodians of the land and waters – the Yugambeh, Quandamooka, Jaggera, Ugarapul, Turrbal and Mununjali peoples – and to Elders, past and present.

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Recall: Follow up on Enquiries

From: LBH Injury Management LBH_InjuryManagement@health.qld.gov.au
To: Cory Shepherd coryshepherd1@hotmail.com
Cc: Emily Petering emily.petering@together.org.au, LBHS Human Resources Team 1 LBH.HRTeam1@health.qld.gov.au
Sent: Thursday 13 August at 16:45

LBH Injury Management would like to recall the message, "Follow up on Enquiries".

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FW: Follow up on Enquiries

From: Jacqui Roberts Jacqui.Roberts@health.qld.gov.au
To: Cory Shepherd coryshepherd1@hotmail.com
Cc: Emily Petering emily.petering@together.org.au, LBHS Human Resources Team 1 LBH.HRTeam1@health.qld.gov.au, Cory Shepherd Cory.Shepherd@health.qld.gov.au
Sent: Tuesday 18 August at 10:47

Good Morning Cory

My apologies – I have just noticed I had sent this email to your health account only and did not include your personal, forwarding for your information in case you have not accessed your health email account.

If you could get back to me as soon as possible regarding my meeting suggestion, it would be very much appreciated

Warm Regards
Jacqui

Jacqui Roberts (she / her)
Principal Consultant I Human Resources
Logan and Beaudesert Health Services (LBHS)
Logan Hospital
Metro South Health I

e. jacqui.roberts@health.qld.gov.au I Chat on Teams
p. (07) 3542 2384 I 0487 313 927

Metro South Health recognises and pays respect to the traditional custodians of the land and waters – the Yugambeh, Quandamooka, Jaggera, Ugarapul, Turrbal and Mununjali peoples – and to Elders, past and present.

From: Jacqui Roberts
Sent: Thursday, 13 August 2026 4:46 PM
To: Cory Shepherd <Cory.Shepherd@health.qld.gov.au>
Cc: LBHS Human Resources Team 1 <LBH.HRTeam1@health.qld.gov.au>; Emily Petering

<emily.petering@together.org.au>
Subject: Follow up on Enquiries

Good Afternoon Cory

I hope this email finds you well, I wanted to reach out to you in relation to your emails and enquiries you have made over the past couple of weeks and would welcome time to catch up with you to discuss these further to assist in resolving the concerns you have raised.

My availability is a little limited at the moment as I am on leave for the next few days but I do have time on Friday 21 August 2026 and would like to book in a minimum of about 2 hours with you to really discuss and understand your matters further. The times I have available are

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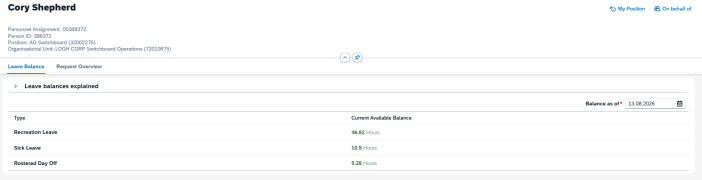
I propose we can do this via teams and also include Emily Petering too, you will see I have included her in my email.

If you could confirm which of these times would work for you ***by close of business on Wednesday 19 August,*** that would be really helpful.

Whilst I understand your belief you are fit to return to the workplace; the medical evidence provided to date does not support that. Therefore, this leave would ordinarily be processed as sick leave and if no sick leave balances are available, it will automatically be processed as sick leave no pay. However, to avoid not being paid, with your approval we can apply other leave entitlements, please see below your current balances. If you could confirm what leave you wish to be applied from these balances, and we can action accordingly. You do have sick leave balances, so they should automatically be applied, and this is something we can follow up on for you.

I am aware you have a current open Qsuper claim, and we may need to advise Qsuper of any income you are in receipt of in relation to that claim.



Cory Shepherd

My Position | On behalf of

Personnel Assignment: 00388372
Person ID: 388372
Position: AO Switchboard (32002276)
Organisational Unit: LOGH CORP Switchboard Operations (72010875)

Leave Balance | Request Overview

Leave balances explained

Balance as of * 13.08.2026

Type	Current Available Balance
Recreation Leave	46.82 Hours
Sick Leave	10.5 Hours
Rostered Day Off	5.28 Hours

Looking forward to hearing from you soon. I will be returning to work on Tuesday and happy to respond to any enquiries you may have on my return.

Warm Regards
Jacqui

Jacqui Roberts (she / her)
Principal Consultant I Human Resources
Logan and Beaudesert Health Services (LBHS)
Logan Hospital
Metro South Health I

e. jacqui.roberts@health.qld.gov.au I Chat on Teams
p. (07) 3542 2384 I 0487 313 927

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Re: Follow up on Enquiries

From: Cory Shepherd
coryshepherd1@hotmail.com
To: Jacqui Roberts
Jacqui.Roberts@health.qld.gov.au
Sent: Friday 28 August at 14:18

Good afternoon Jacqui,

Thank you for your time this week. I have three brief matters to raise.

First, I wish to withdraw the Stage 2 grievance referral. My preference is to work through the outstanding issues directly with you. To be clear, I am withdrawing the referral only. My concerns regarding pay, the leave debited since 3 July 2026, and the adjustments contained in the Employee Capability Checklist dated 3 July 2026 remain unresolved and in dispute. Nevertheless, I am hopeful we can work through these matters constructively.

Second, could you please provide an update on the AVAC following your discussion with Ms Taylor on 24 August?

Third, I attended an appointment with my psychiatrist, Dr Ravikumar Bangalore Krishnaiah, on 27 August 2026. Dr Krishnaiah advised that, despite the authority I provided, Queensland Health has not yet responded to his request for information.

Finally, could someone please contact Dr Krishnaiah's practice so that preparation of the report is not delayed? I would also appreciate being advised of any information being shared with Dr Krishnaiah and the matters on which their opinion is being sought.

And if there are any other updates, I would be glad to have them.

Kind regards,
Cory Shepherd
0417 400 227
coryshepherd1@hotmail.com

Get Outlook for Android

From: Jacqui Roberts <Jacqui.Roberts@health.qld.gov.au>
Sent: Monday, August 24, 2026 12:19:27 pm
To: Cory Shepherd <coryshepherd1@hotmail.com>
Cc: Emily Petering <emily.petering@together.org.au>; Terry McQuillan <Terry.McQuillan@health.qld.gov.au>
Subject: RE: Follow up on Enquiries

Good Afternoon Cory

Thank you for sharing this information with me I will review and come back to you with any questions I may have.

Thank you also for confirming the time to finish our catch up, I will put this in our calendars now and you should receive an invitation very soon.

I additionally acknowledge your requests and I am speaking with Chloe this afternoon in relation to applying your leave.

Warm Regards
Jacqui

Jacqui Roberts (she / her)
Principal Consultant I Human Resources
Logan and Beaudesert Health Services (LBHS)
Logan Hospital
Metro South Health I

e. jacqui.roberts@health.qld.gov.au I Chat on Teams
p. (07) 3542 2384 I 0487 313 927

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From: Cory Shepherd <coryshepherd1@hotmail.com>
Sent: Monday, 24 August 2026 11:13 AM
To: Jacqui Roberts <Jacqui.Roberts@health.qld.gov.au>
Cc: Emily Petering <emily.petering@together.org.au>; Terry McQuillan <Terry.McQuillan@health.qld.gov.au>
Subject: Re: Follow up on Enquiries

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Good morning,

I apologise for Friday and for the state I was in.

I can confirm I am available on Tuesday, 25 August 2026, between 3:00 pm and 5:00 pm.
For ease of reference, I attach:

- the QSuper letter
- the communication I believe prompted the ECC
- my movement details
- my agreement to the sharing of medical information and correspondence with my treating psychiatrist

In the circumstances, I ask to be advised, in advance, of what information is being shared with my treating psychiatrist, what questions are being asked of them, and what is proposed to be included in any correspondence with them.

In the interim, while Metro South Health seeks clarification regarding my medical information, I respectfully request that the appropriate leave be applied and that an AVAC be submitted on my

behalf to facilitate the processing of my entitlements.

Kind regards,
Cory

Get Outlook for Android

From: Jacqui Roberts <Jacqui.Roberts@health.qld.gov.au>
Sent: Monday, August 24, 2026 7:44:58 am
To: Cory Shepherd <coryshepherd1@hotmail.com>
Cc: Emily Petering <emily.petering@together.org.au>; Terry McQuillan <Terry.McQuillan@health.qld.gov.au>
Subject: RE: Follow up on Enquiries

Good Morning Cory

Sorry technology let us down on Friday to finalise our catch up.

I have the following availability for us to conclude our discussions, can you advise which of these times would work for you, Emily has confirmed she is also available to attend at these times too

- Tuesday 25 August 2026 – Between 3pm and 5pm, or
- Friday 28 August 2026 – Between 9am and 11am

If you let me know when you can and I will book it in for us all.

Warm Regards
Jacqui

Jacqui Roberts (she / her)
Principal Consultant I Human Resources
Logan and Beaudesert Health Services (LBHS)
Logan Hospital

Metro South Health |

e. jacqui.roberts@health.qld.gov.au | Chat on Teams
p. (07) 3542 2384 | 0487 313 927

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From: Cory Shepherd <coryshepherd1@hotmail.com>
Sent: Tuesday, 18 August 2026 5:22 PM
To: Jacqui Roberts <Jacqui.Roberts@health.qld.gov.au>
Subject: Re: Follow up on Enquiries

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Hey Jacqui,

I can confirm that 14:30 to 16:30 works for me.

Thanks for organising this, and I look forward to catching up with you and Emily on Friday.

Kind regards,

Cory

Get Outlook for Android

From: Jacqui Roberts <Jacqui.Roberts@health.qld.gov.au>
Sent: Tuesday, August 18, 2026 3:22:54 pm
To: Cory Shepherd <coryshepherd1@hotmail.com>
Cc: Emily Petering <emily.petering@together.org.au>; LBHS Human Resources Team 1 <LBH.HRTeam1@health.qld.gov.au>; Cory Shepherd <Cory.Shepherd@health.qld.gov.au>
Subject: RE: Follow up on Enquiries

Good Afternoon Cory

Thank you for coming back to me and also listing all of your points you would like to discuss.

Emily has reached out this afternoon to advise she is no longer available on Friday morning – would you be free on Friday afternoon?

Thank you
Jacqui

Jacqui Roberts (she / her)
Principal Consultant I Human Resources
Logan and Beaudesert Health Services (LBHS)
Logan Hospital
Metro South Health I

e. jacqui.roberts@health.qld.gov.au I Chat on Teams
p. (07) 3542 2384 I 0487 313 927

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From: Cory Shepherd <coryshepherd1@hotmail.com>
Sent: Tuesday, 18 August 2026 11:33 AM
To: Jacqui Roberts <Jacqui.Roberts@health.qld.gov.au>
Cc: Emily Petering <emily.petering@together.org.au>; LBHS Human Resources Team 1 <LBH.HRTeam1@health.qld.gov.au>; Cory Shepherd <Cory.Shepherd@health.qld.gov.au>
Subject: Re: Follow up on Enquiries

This email originated from outside Queensland Health. DO NOT click on any links or open attachments unless you recognise the sender and know the content is safe.

Dear Jacqui,

Thank you for your email and for including Emily Petering.

I confirm the meeting on Friday, 21 August, from 9:30 am to 11:30 am via Teams, with Emily attending. To ensure the time is used effectively, I expect to discuss the following matters:

- Restoration of my pay, including my request of 28 July 2026 regarding paid special leave.

- Recrediting of all leave debited since 3 July 2026.
- Implementation of the adjustments certified in the Employee Capability Checklist dated 3 July 2026, and my return to work.
- My requests of 3 August 2026, including the flexible working request under the Agreement, for which the decision period ends on 24 August 2026.
- The Stage 2 grievance referral.
-

If there are additional matters you intend to raise, I would appreciate receiving notice of them before Friday.

Medical position – correction

For accuracy, fitness to return to work with adjustments is not my personal view. It is the certification provided by Dr Ma in the Employee Capability Checklist dated 3 July 2026, completed on the Health Service's own form and at the Health Service's request.

In addition, a specialist psychiatric report responding to the Health Service's request for medical information dated 31 July 2026 has been commissioned and will be provided once completed.

-

Leave

To maintain my income in the interim, I do not object to the Health Service processing my available sick leave and, if necessary, annual leave. However, I wish to be clear about the basis on which this occurs:

-
- Any leave processing is being undertaken by the Health Service to ensure continuity of payment and does not represent an election by me.

- My position remains as set out on 3 August 2026: this absence results from the Health Service's decision and should not be debited against my leave balances.
- This arrangement is interim only and subject to the specialist psychiatric report. Once that report is provided, I expect the certified adjustments to be implemented, my return to work to proceed, and my pay to be restored.
- All leave debited since 3 July 2026 should be recredited.
-

Please also review my payslip dated 12 August, which recorded 76 hours as sick leave without pay despite the balances identified in your email. If an AVAC is required to process the leave and correct the payslip, please arrange for this to be submitted promptly and advise if anything further is required from me.

-

QSuper

For accuracy, benefit payments ceased earlier this year following my request to the fund when I returned to work. I have not received any income protection payments since 31 May 2026 and am not currently in receipt of such payments.

The administration of the claim is a matter I am addressing directly with the fund's Claims Manager. Superannuation contributions continue to be reported through payroll in the ordinary course.

-

Thank you for arranging this meeting. I look forward to speaking with you on Friday.

Kind regards,
Cory Lea Shepherd

From: Jacqui Roberts <Jacqui.Roberts@health.qld.gov.au>
Sent: Tuesday, August 18, 2026 10:47:48 am
To: Cory Shepherd <coryshepherd1@hotmail.com>
Cc: Emily Petering <emily.petering@together.org.au>; LBHS Human Resources Team 1 <LBH.HRTeam1@health.qld.gov.au>; Cory Shepherd <Cory.Shepherd@health.qld.gov.au>
Subject: FW: Follow up on Enquiries

Good Morning Cory

My apologies – I have just noticed I had sent this email to your health account only and did not include your personal, forwarding for your information in case you have not accessed your health email account.

If you could get back to me as soon as possible regarding my meeting suggestion, it would be very much appreciated

Warm Regards
Jacqui

Jacqui Roberts (she / her)
Principal Consultant I Human Resources
Logan and Beaudesert Health Services (LBHS)
Logan Hospital
Metro South Health I

e. jacqui.roberts@health.qld.gov.au I Chat on Teams
p. (07) 3542 2384 I 0487 313 927

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From: Jacqui Roberts
Sent: Thursday, 13 August 2026 4:46 PM
To: Cory Shepherd <Cory.Shepherd@health.qld.gov.au>
Cc: LBHS Human Resources Team 1 <LBH.HRTeam1@health.qld.gov.au>; Emily Petering <emily.petering@together.org.au>
Subject: Follow up on Enquiries

Good Afternoon Cory

I hope this email finds you well, I wanted to reach out to you in relation to your emails and enquiries you have made over the past couple of weeks and would welcome time to catch up with you to discuss these further to assist in resolving the concerns you have raised.

My availability is a little limited at the moment as I am on leave for the next few days but I do have time on Friday 21 August 2026 and would like to book in a minimum of about 2 hours with you to really discuss and understand your matters further. The times I have available are

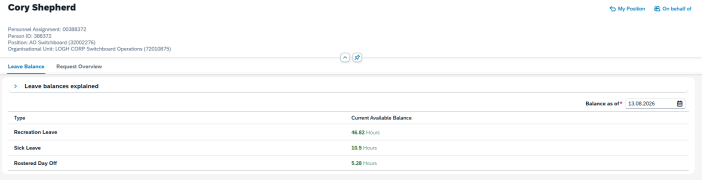
- 09:30 to 11:30, or
- 14:30 to 16:30

I propose we can do this via teams and also include Emily Petering too, you will see I have included her in my email.

If you could confirm which of these times would work for you ***by close of business on Wednesday 19 August,*** that would be really helpful.

Whilst I understand your belief you are fit to return to the workplace; the medical evidence provided to date does not support that. Therefore, this leave would ordinarily be processed as sick leave and if no sick leave balances are available, it will automatically be processed as sick leave no pay. However, to avoid not being paid, with your approval we can apply other leave entitlements, please see below your current balances. If you could confirm what leave you wish to be applied from these balances, and we can action accordingly. You do have sick leave balances, so they should automatically be applied, and this is something we can follow up on for you.

I am aware you have a current open Qsuper claim, and we may need to advise Qsuper of any income you are in receipt of in relation to that claim.



Cory Shepherd

My Position | On behalf of

Personnel Assignment: 00388372
Person ID: 388372
Position: AO Switchboard (32000276)
Organisational Unit: LOGH CORP Switchboard Operations (72010875)

Leave Balance | Request Overview

Leave balances explained

Balance as of * 13.08.2026

Type	Current Available Balance
Recreation Leave	46.82 Hours
Sick Leave	10.5 Hours
Rostered Day Off	5.28 Hours

Looking forward to hearing from you soon. I will be returning to work on Tuesday and happy to respond to any enquiries you may have on my return.

Warm Regards
Jacqui

Jacqui Roberts (she / her)
Principal Consultant I Human Resources
Logan and Beaudesert Health Services (LBHS)
Logan Hospital
Metro South Health I

e. jacqui.roberts@health.qld.gov.au I Chat on Teams
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Meeting - Cory Shepherd

From: Jacqui Roberts Jacqui.Roberts@health.qld.gov.au
To: Cory Shepherd coryshepherd1@hotmail.com, Terry McQuillan Terry.McQuillan@health.qld.gov.au, Emily Petering emily.petering@together.org.au
Sent: Tuesday 25 August at 15:08

Update 25/08/2026 – For Internal information only – adding in meeting room, not relevant for Emily or Cory

Good Afternoon Cory

As arranged, here is the link to join the meeting to continue our discussions from Friday.

Warm Regards
Jacqui

Microsoft Teams meeting

Join:

https://teams.microsoft.com/meet/411575551338689?p=zBTEMPwfHn13HT1TLE

Meeting ID: 411 575 551 338 689

Passcode: dF6EL6MP

Need help? | System reference

Dial in by phone

+61 7 3186 0111,,735268758# Australia, Brisbane

Find a local number

Phone conference ID: 735 268 758#

Join on a video conferencing device

Tenant key: qldhealth@m.webex.com

Video ID: 137 555 063 4

More info

For organizers: Meeting options | Reset dial-in PIN

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Logan Switch

From: Chloe Taylor
Sent: Thursday, 25 July 2024 2:36 PM
To: Logan Switch
Cc: Anisha Ismail; Carolyn Jeffrey; Cherrie Abbott; Cory Shepherd; Deborah Neville; Ellen Stibbard; Jesse Kendrick; Jude Nelson; Kay Marie Court; Linda Hu; Meegan Malsbury; Patricia Conaghan; Richard Parry; Simon De Iacovo; Sonya Willmann; Tinsy Tinu
Subject: Chloe - away tomorrow 26.07.24

Hi Team,

Just letting you know I won't be in tomorrow, Friday 26/07/2024. Ellen will be on call so if anything urgent please reach out to Ellen via mobile.

Have a wonderful weekend everyone,

Kind regards,
Chloe

Chloe Taylor
Switchboard Manager | Switchboard Services
Logan Hospital | Metro South Health
Level 2, Building 1, Cnr Loganlea and Armstrong Roads QLD 4131
t. (07) 2891 9190
e. chloe.taylor3@health.qld.gov.au | metrosouth.health.qld.gov.au

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Logan Switch

From: Chloe Taylor
Sent: Tuesday, 2 July 2024 7:49 AM
To: Logan Switch
Subject: Chloe WFH 02.07.24

Good morning Team,

I am working from home today, if you need me for anything at all you can contact me via email or mobile.

Have a great day everyone,

Kind regards,
Chloe

Logan Switch

From: Chloe Taylor
Sent: Thursday, 16 February 2023 6:03 AM
To: Logan Switch
Subject: Good morning

Good morning everyone,

I had a bit of a rough afternoon yesterday & dropped my phone on the footpath, I can no longer use the screen at all. I will be getting this replaced this morning once it opens at 9am. Mili has also been unwell this week so I will be only coming in for a little bit after I get my phone fixed just to follow up on a few things - it is now my week with the girls.

If you have any urgent issues this morning before I get my phone fixed please call Tammy, otherwise I'm contactable via email. ☺

Chloe Taylor
A/Switchboard Manager
Logan Hospital Switchboard Services
Logan Hospital/Clinical Informatics | Metro South Health
Level 2, Building 1, Cnr Armstrong & Loganlea Rds, Meadowbrook, Qld 4131
t. 07 3299 8899
e. chloe.taylor3@health.qld.gov.au | metrosouth.health.qld.gov.au

Logan Switch

From: Chloe Taylor
Sent: Tuesday, 18 June 2024 8:58 AM
To: Logan Switch
Cc: Tammy Reese; Ellen Stibbard
Subject: Good morning Team.

Good morning Team,

Hope you are all well, as most of you all know both my daughters have been really unwell with Influenza A and they have been so kind to share those germs with me. I am taking today off, and hopefully will be back tomorrow.

I am sorry I haven't been there for you all over the past week. I will be catching up on a few things from home today, and I will also try and action all requests from staff. I am on call this week, so if you have any urgent concerns/emergent leave I will be available via email and mobile.

Ellen will not be in today, however Tammy is in the office if anything urgent.

Have a wonderful day everyone,

Kind regards,
Chloe

Get Outlook for iOS

Logan Switch

From: Chloe Taylor
Sent: Thursday, 30 November 2023 2:57 PM
To: Logan Switch
Subject: Chloe off tomorrow 1.12.23

Hi Team,

Just letting you know that I will be away tomorrow as I have a planned leave day for a medical procedure.

If anything urgent please contact Ellen as she will be on call for the day tomorrow or Tammy.

Thanks Chloe

Chloe Taylor
A/Switchboard Manager | Switchboard Services
Logan Hospital | Metro South Health
Level 2, Building 1, Cnr Loganlea and Armstrong Roads QLD 4131
t. (07) 2891 9190
e. chloe.taylor3@health.qld.gov.au | metrosouth.health.qld.gov.au

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Logan Switch

From: Chloe Taylor
Sent: Thursday, 16 November 2023 7:18 AM
To: Logan Switch
Subject: Good morning

Hi Team,

I have a planned day off today for Mili's swimming carnival. I will be contactable via phone if needed.

Have a great day,
Chloe

Get Outlook for iOS

Logan Switch

From: Chloe Taylor
Sent: Tuesday, 14 November 2023 8:35 AM
To: Logan Switch
Subject: Good morning

Hi Team,

Just letting you know that I am at Mili's primary school awards this morning and I will be at work hopefully by 1030. If anything urgent I have my phone with me.

See you soon,
Chloe

Get Outlook for iOS

Logan Switch

From: Chloe Taylor
Sent: Tuesday, 12 September 2023 2:47 PM
To: Logan Switch
Cc: Carolyn Jeffrey; Cherrie Abbott; Patricia Conaghan; Kaymarie Court; Peter Fitzpatrick; Cory Shepherd; Stacey Sutton-Masson; Sonya Willmann; Taiha Zizek; Anisha Ismail; Meegan Malsbury; Jude Nelson; Linda Hu; Richard Parry; pmfitzpatrick@optusnet.com.au
Subject: Chloe away 13/09/2023-17/09/2023

Hi Team,

I am off from tomorrow 13/09/2023-Sunday 17/09/2023. Any urgent enquires or shift coverage that needs approval please contact Ellen on 0422 942 092 or email Ellen.stibbard@health.qld.gov.au.

See you next Monday – Please all be kind to each other and have a great week/weekend 😊

Kind regards,
Chloe

Chloe Taylor
A/Switchboard Manager | Switchboard Services
Logan Hospital | Metro South Health
Level 2, Building 1, Cnr Loganlea and Armstrong Roads QLD 4131
t. (07) 2891 9190
e. chloe.taylor3@health.qld.gov.au | metrosouth.health.qld.gov.au

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Logan Switch

From: Chloe Taylor
Sent: Friday, 1 September 2023 1:46 PM
To: Logan Switch
Cc: Carolyn Jeffrey; Cherrie Abbott; Patricia Conaghan; Kaymarie Court; Peter Fitzpatrick; Cory Shepherd; Stacey Sutton-Masson; Sonya Willmann; Taiha Zizek; Anisha Ismail; Meegan Malsbury; Jude Nelson; Linda Hu; Richard Parry; Ellen Stibbard
Subject: Chloe Leave 13/09-17/09

Hi Team,

Just letting you know I will be on Leave from Wednesday 13th September and will return in the office on Monday 18th September. I will be flying my girls to Tasmania so they can spend time with there Dad for the school holidays. Ellen will be on call for any urgent matters or shift change approvals while I am away, please note Ellen will not be onsite. If for any reason you cannot reach Ellen, I am more than happy to be contacted.

Kind regards,
Chloe

Chloe Taylor
A/Switchboard Manager | Switchboard Services
Logan Hospital | Metro South Health
Level 2, Building 1, Cnr Loganlea and Armstrong Roads QLD 4131
t. (07) 2891 9190
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Logan Switch

From: Chloe Taylor
Sent: Wednesday, 23 August 2023 2:18 PM
To: Logan Switch
Cc: Carolyn Jeffrey; Cherrie Abbott; Patricia Conaghan; Kaymarie Court; Peter Fitzpatrick; Cory Shepherd; Stacey Sutton-Masson; Sonya Willmann; Taiha Zizek; Cory Harrison-Jones; Anisha Ismail; Meegan Malsbury; Jude Nelson; Linda Hu; Richard Parry
Subject: What's Chloe's Hours?!

Hi Team,

Just a friendly email to let you know my hours. I am fulltime and work flex hours – You may have noticed recently I am starting at different times in the morning and finish at different times in the afternoon. I am trying my hardest to get in a set routine especially around my girls now having them fulltime. My hours would range from starting between 6-9am and finishing 2-5pm. When there are any changes to my times or I am away, I always make Tammy and the team on shift aware.

Please remember if you need to reach me any time after hours, I am always available via email or mobile.

Kind regards,
Chloe

Chloe Taylor
A/Switchboard Manager | Switchboard Services
Logan Hospital | Metro South Health
Level 2, Building 1, Cnr Loganlea and Armstrong Roads QLD 4131
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Logan Switch

From: Chloe Taylor
Sent: Friday, 12 May 2023 12:55 PM
To: Logan Switch
Subject: Hello.

Hi Everyone,

Hope you have all had a great week, just touching base and letting you know I will be back in the office on Monday.

See you all then,
Chloe

Get Outlook for iOS

Logan Switch

From: Chloe Taylor
Sent: Tuesday, 9 May 2023 8:03 AM
To: Logan Switch
Subject: Morning

Morning Team,

I won't be in again today, any urgent queries you can contact me on my mobile otherwise via email.

Have a great day!

Kind regards,
Chloe

Get Outlook for iOS

Logan Switch

From: Chloe Taylor
Sent: Monday, 8 May 2023 8:15 AM
To: Logan Switch
Subject: Good morning :)

Hi Team,

I am not coming in today, if anything urgent you can contact me on my mobile otherwise just send me an email.

Thanks, have a great day.
Chloe

Get Outlook for iOS

Re: Cory Shepherd (388372) — application for long service leave and annual leave, and request for AVAC to be processed today

---

From: Cory Shepherd coryshepherd1@hotmail.com
To: Chloe Taylor Chloe.Taylor3@health.qld.gov.au
Cc: Jacqui Roberts Jacqui.Roberts@health.qld.gov.au, emily.petering@together.org.au emily.petering@together.org.au
Sent: Monday 31 August at 16:06

Dear Chloe,

Thank you for actioning this today and for the reference number — I appreciate the quick turnaround.

Four short points so the record is accurate.
1. Leave type. To confirm my application: I did not apply for sick leave — I am not unfit for work, and the Employee Capability Checklist of 3 July 2026 certifies me fit with restrictions. My application was for long service leave and, on its exhaustion, annual leave. Could you please confirm exactly which leave types and how many hours were applied for 17–30 August 2026 under PRN 249 863 66. If any personal or sick leave has been debited, could it please be re-credited and replaced in accordance with my application.

2. Hours. Could the leave please be applied at my substantive hours of 76 per fortnight rather than at 0.5 FTE. The reduced-hours arrangements this year were temporary changes to working conditions: the most recent, approved on 9 June 2026, had an effective period of 25 May 2026 to 28 June 2026 and was not extended.

No variation has been in force since 28 June 2026, and my pay advice of 12 August 2026 itself records my absence at 76.00 hours for the fortnight. If a different arrangement has been recorded for any period after 28 June 2026, could you please let me know what it is and the document it is based on.

3. The period from 13 July. My application was from 13 July 2026, being the date from which I have received no wages. I understand the long service leave question is with Payroll — thank you for raising it promptly. Once it is resolved, could the leave please be applied back to 13 July 2026 as an adjustment, and the "NP Sick Leave" recorded for the earlier fortnights corrected at the same time.

4. Long service leave — what may assist Payroll. My employment commenced on 25 March 2019, and my reinstatement in February 2025 took effect from 20 September 2024 with continuity of service preserved. I therefore reached seven years' continuous service on 25 March 2026 and am entitled to take long service leave under clause 22(c) of the Award. If the system is showing a later continuous service date, it may not have been corrected following my reinstatement — that would explain the error, and Payroll can verify it against my record. I have separately written to Payroll today about my service record and leave balances. Could you also confirm that the payment for 17–30 August will be processed urgently?

For completeness, everything actioned today, and any adjustments, remain on the basis set out at paragraph 4 of my email this morning — under protest and subject to re-credit.
Thanks again, Chloe.

Kind regards,
Cory Shepherd
Employee number 388372
0417 400 227

From: Chloe Taylor <Chloe.Taylor3@health.qld.gov.au>
Sent: Monday, August 31, 2026 3:34:24 pm
To: Cory Shepherd <coryshepherd1@hotmail.com>
Cc: Jacqui Roberts <Jacqui.Roberts@health.qld.gov.au>; emily.petering@together.org.au <emily.petering@together.org.au>
Subject: RE: Cory Shepherd (388372) — application for long service leave and annual leave, and request for AVAC to be processed today

Good afternoon Cory,

Thank you for your email. I have applied your S/L and A/L in lieu of S/L for your absence from the workplace through an AVAC as requested, for the past fortnight 17th August 2026 – 30th August 2026. As you are on reduced roster 0.5 FTE, I have applied the leave as per reduced shifts - PRN 249 863 66

About your long service leave from the 13th July 2026 - the system is currently not allowing me to apply LSL, so I have made enquiries with Payroll to understand why this may be and I will get back you as soon as I have an update.

Kind regards,
Chloe

Chloe Taylor
Switchboard Manager | Local Telecommunications Representative | Switchboard Services
Logan Hospital | Metro South | Queensland Health

P (07) 2891 9190
E chloe.taylor3@health.qld.gov.au
W www.health.qld.gov.au
A Level 2, Building 1, Cnr Loganlea and Armstrong Roads QLD 4131
T Call me on Teams

DELIVERING FOR QUEENSLAND | Queensland Government

Queensland Health acknowledges the Traditional Custodians of the land across Queensland, and pays respect to First Nations Elders past and present.

From: Cory Shepherd <coryshepherd1@hotmail.com>
Sent: Monday, 31 August 2026 10:59 AM

To: Chloe Taylor <Chloe.Taylor3@health.qld.gov.au>
Cc: Jacqui Roberts <Jacqui.Roberts@health.qld.gov.au>; emily.petering@together.org.au
Subject: Cory Shepherd (388372) — application for long service leave and annual leave, and request for AVAC to be processed today

This email originated from outside Queensland Health. DO NOT click on any links or open attachments unless you recognise the sender and know the content is safe.

Dear Chloe,

I am writing to apply for leave and to ask that the AVAC be processed today. I have copied Jacqui Roberts.

1. MY POSITION

I have not been working since 3 July 2026. I have received no wages since 13 July 2026.

On 3 July 2026 Dr Ma completed the Employee Capability Checklist on Metro South's own form. It certifies me fit with restrictions and records that usual switchboard operational duties remain suitable. I have remained ready and available to work within those restrictions throughout, and I remain so now.

My pay advice of 12 August 2026, for the fortnight 20 July to 2 August 2026, records me as on "NP Sick Leave" for 76 hours with gross pay of $0.00. I did not apply for sick leave and I am not unfit for work.

2. WHAT I APPLY FOR

In the interim, and so that my entitlements can be processed, I apply as follows:

- Long service leave, on full pay, from 13 July 2026 being the date from which I have received no wages through to the current date and continuing; and

- when my long service leave entitlement is exhausted, annual leave, to commence immediately from that point and to continue until further notice.

To the extent that any absence over that period has already been recorded as unpaid sick leave, I ask that the coding be corrected and replaced with the leave applied for above.

I confirm I am not applying for personal leave, as I am not unfit for work.

3. THE AVAC

I ask that the AVAC be submitted and processed today, and that I be given the reference number once it has been done, together with confirmation of the pay run in which the payment will be made.

I ask this because of the financial position set out below, and because the cut-off for the next available pay run is imminent.

4. THIS APPLICATION IS MADE UNDER PROTEST, AND SUBJECT TO RE-CREDIT

This application is made under protest and without prejudice to my position, and on the following express basis:

- I remain ready, willing and able to work within the restrictions recorded in the Employee Capability Checklist of 3 July 2026, and I have been since 3 July 2026;

- I apply for this leave only because I have received no wages since 13 July 2026 and no payment has been made to me in the interim;

- my concerns regarding pay, the leave debited since 3 July 2026, and the adjustments recorded in the Employee Capability Checklist of 3 July 2026 remain unresolved and in dispute, and nothing in this application resolves, waives or narrows any of them; and

- I ask that the leave taken under this application be re-credited to me in the event that wages are paid, or found payable, for any part of the same period, or in the event that the recording of my absence over that period is later corrected or determined otherwise.

I make this application on the understanding that it does not prevent that outcome, and I reserve my position in full.

5. FINANCIAL HARDSHIP

I want to be plain about why I am asking for this to be done today rather than in the ordinary course.

I have had no income since 13 July 2026. As a consequence I have had to give up my accommodation. I am not raising this to make a point; I am raising it because it is the reason for the urgency, and because I would rather tell you than have it become apparent later.

If there is any mechanism available for an urgent or off-cycle payment in cases of financial hardship, I would be grateful if you could tell me and I will apply for it.

6. IF ANY PART OF THIS CANNOT BE ACTIONED

If any part of this application cannot be actioned today, could you please let me know today which part, and why, and when it will be actioned. A short note is entirely sufficient.

Thank you for your assistance.

Kind regards,

Cory Shepherd
Employee number 388372
0417 400 227
coryshepherd1@hotmail.com

****
****

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Queensland Health carries out monitoring, scanning and blocking of emails and attachments sent from or to addresses within Queensland Health for the purposes of operating, protecting, maintaining and ensuring appropriate use of its computer network.

****
****

RE: Cory Shepherd (388372) RE: Please respond to Chloe Taylor regarding long service leave and why it can not be actioned.

From: Chloe Taylor Chloe.Taylor3@health.qld.gov.au
To: Cory Shepherd coryshepherd1@hotmail.com, PayrollMetroSouth PayrollMetroSouth@health.qld.gov.au
Cc: Jacqui Roberts Jacqui.Roberts@health.qld.gov.au, Emily Petering emily.petering@together.org.au
Sent: Thursday 3 September at 10:27

Hi Cory,

Please see the below email from Payroll.

I understand this may be frustrating, particularly in relation to your Long Service Leave. I have requested further information from Payroll regarding why your eligibility date is showing as 04/09/2026, as I appreciate you would like some clarity around this.

Unfortunately, Long Service Leave cannot be backdated & paid prior to the date you become eligible.

I have also confirmed with Payroll this morning on the phone regarding the ADHOC payment for the 17/08/2026–30/08/2026 pay cycle. Unfortunately, this cannot be processed prior to Wednesday 9th September 2026.

I appreciate this may not be the outcome you were hoping for, and I will continue to follow up where I can, to ensure everything is clarified and processed as soon as possible.

Kind regards,
Chloe

Chloe Taylor
Switchboard Manager | Local Telecommunications Representative | Switchboard Services
Logan Hospital | Metro South | Queensland Health

P (07) 2891 9190
E chloe.taylor3@health.qld.gov.au
W www.health.qld.gov.au
A Level 2, Building 1, Cnr Loganlea and Armstrong Roads QLD 4131
T Call me on Teams

DELIVERING FOR QUEENSLAND | Queensland Government

Queensland Health acknowledges the Traditional Custodians of the land across Queensland, and pays respect to First Nations Elders past and present.

From: PayrollMetroSouth <PayrollMetroSouth@health.qld.gov.au>
Sent: Thursday, 3 September 2026 9:05 AM
To: Chloe Taylor <Chloe.Taylor3@health.qld.gov.au>
Subject: RE: Cory Shepherd (388372) RE: Please respond to Chloe Taylor regarding long service leave and why it can not be actioned.

Hi Chloe,

You aren't able to put in LSL leave as Cory's LSL eligibility date is only from 04/09/2026.
I can see a log has been created for a leave audit, a CSO is currently working on it however still in progress.

Kind Regards,

John Layson
Client Service Officer, Metro South Payroll Team, Meadowbrook Service Centre
Payroll Transactional Services, Corporate Enterprise Solutions, Corporate Services Division, Queensland Health | Queensland Health

P 3608 5985
E John.Layson@health.qld.gov.au
W health.qld.gov.au
A Level 1, 11-13 University Drive, Meadowbrook QLD 4131

Queensland Government

MENTAL WELLBEING
Dear mind, remember to make time for you
Visit mentalwellbeing.initiatives.qld.gov.au

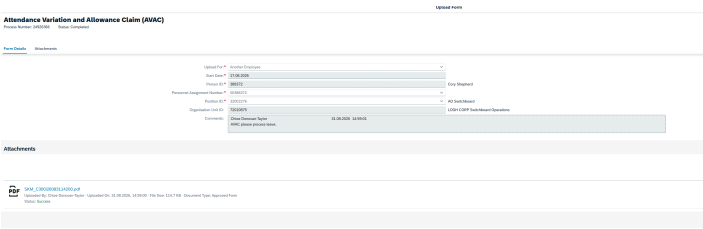
Queensland Health acknowledges the Traditional Custodians of the land across Queensland, and pays respect to First Nations Elders past, present and future.

From: Chloe Taylor <Chloe.Taylor3@health.qld.gov.au>
Sent: Wednesday, 2 September 2026 4:16 PM
To: Cory Shepherd <coryshepherd1@hotmail.com>; PayrollMetroSouth <PayrollMetroSouth@health.qld.gov.au>

Cc: Jacqui Roberts <Jacqui.Roberts@health.qld.gov.au>; Emily Petering <emily.petering@together.org.au>
Subject: Cory Shepherd (388372) RE: Please respond to Chloe Taylor regarding long service leave and why it can not be actioned.

Afternoon Cory,

I am so sorry – I gave you the incorrect number – I entered an 8 when it should have been a 2! The correct Process number should 24926366 rather than 2498366, I have snipped a copy of the process below.


Upload Form

Attendance Variation and Allowance Claim (AVAC)
Process Number: 24926366 Status: Completed

Form Details Attachments

Upload For *	Another Employee	
Start Date *	17.08.2026	
Person ID *	388372	Cory Shepherd
Personnel Assignment Number *	01000372	
Position ID *	30002375	AO Switchboard
Organisation Unit ID	30028875	LDGH CORP Switchboard Operations
Comments	Chloe Donovan Taylor AVAC please process leave	31.08.2026 14:09:01

Attachments

SKM_C30020083114200.pdf
Uploaded By: Chloe Donovan Taylor · Uploaded On: 31.08.2026, 14:09:00 · File Size: 114.7 KB · Document Type: Approved Form
Status: Success

In relation to Long Service Leave, please see below. You are most welcome to follow this up with payroll however it is still pending investigation.

Enquiry Status

Log Number: 4469554
Current Status: Pending Investigation
Lodgement Date: 31-Aug-2026

Kind regards,
Chloe

From: Cory Shepherd <coryshepherd1@hotmail.com>
Sent: Wednesday, 2 September 2026 2:05 PM
To: PayrollMetroSouth <PayrollMetroSouth@health.qld.gov.au>; Chloe Taylor <Chloe.Taylor3@health.qld.gov.au>
Cc: Jacqui Roberts <Jacqui.Roberts@health.qld.gov.au>; Emily Petering <emily.petering@together.org.au>
Subject: Re: Cory Shepherd (388372) RE: Please respond to Chloe Taylor regarding long service leave and why it can not be actioned.

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Dear Chloe,

Thank you for your correspondence confirming that all AVAC submissions lodged on 31 August 2026 have been processed.

I have now successfully reset myHR and regained access to my account. After reviewing the records available to me, I have been unable to locate any enquiry, submission, correspondence, or documentation relating to the AVAC request associated with PRN 249 863 66.

In addition, I contacted Payroll by telephone today at 13:24pm and was advised that there is no information recorded against PRN 249 863 66. Payroll further confirmed that all AVAC submissions lodged on 31 August 2026 had been processed on that date.

I was also advised by Payroll that long service leave or where a leave type cannot be processed, or where a request is rejected, the reason is ordinarily identified during the actioning process. In light of this advice, I would be grateful if you could clarify what information or response you are currently awaiting from Payroll in relation to my long service leave application.

Given that I have been advised on two occasions—on 31 August 2026 and again on 2 September 2026—that an enquiry had been submitted, I would appreciate receiving copies of the following:

- The enquiry, submission, or request that you have confirmed was lodged.

- Any correspondence, records, or communications sent to Payroll regarding my long service leave application.
- Any documentation confirming the processing, status, or outcome of the AVAC request.
- Any correspondence relating to difficulties in processing my long service leave, including any advice received as to why the leave could not be applied.
- Any responses received from Payroll concerning my long service leave entitlement or application.
-
- This matter is of considerable importance to me. The ongoing delay in resolving my leave and pay arrangements has caused significant personal hardship, and I am seeking to establish a clear understanding of the steps that have been taken and any outstanding issues that remain.
-
- To assist in resolving the matter with yourself and payroll as quickly as possible, I would be grateful if all relevant correspondence, enquiries, and records could be provided at your earliest convenience.
-

I appreciate your assistance and look forward to your response.

-

Kind regards,

-

Cory

From: Cory Shepherd <coryshepherd1@hotmail.com>
Sent: Wednesday, September 2, 2026 1:00:56 pm
To: PayrollMetroSouth <payrollmetrosouth@health.qld.gov.au>; Emily Petering <emily.petering@together.org.au>

Subject: Fw: Cory Shepherd (388372) RE: Please respond to Chloe Taylor regarding long service leave and why it can not be actioned.

Good afternoon,

Please respond to Chloe Taylor and resolve the issue with long service leave.

Kind regards,

Cory Shepherd

From: Chloe Taylor <Chloe.Taylor3@health.qld.gov.au>
Sent: Wednesday, September 2, 2026 12:42:58 pm
To: Cory Shepherd <coryshepherd1@hotmail.com>
Cc: Jacqui Roberts <Jacqui.Roberts@health.qld.gov.au>; emily.petering@together.org.au <emily.petering@together.org.au>; Terry McQuillan <Terry.McQuillan@health.qld.gov.au>
Subject: RE: Cory Shepherd (388372) — application for long service leave and annual leave, and request for AVAC to be processed today

Hi Cory,

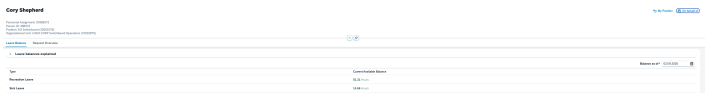
Thanks for your email.

PRN 249 863 66 has been processed for the fortnight ending 30th August 2026 and will be paid in the normal pay cycle on Wednesday 9th September 2026. I have applied S/L and A/L in lieu of S/L for this pay cycle.

Regarding your Long Service Leave from 13 July 2026, the system is currently not allowing me to apply the leave requested. I have made enquiries with Payroll and am currently awaiting their advice. I will provide an update once I receive further information.

Please see below your current leave balances as of 2nd

September 2026 – Please note that leave balances shown below are prior to AVAC being processed and may therefore change once pay cycle is complete.



If you are having trouble with access, you can call IT Support 1800 198 175 and reset your log in details.

Kind regards,
Chloe

Chloe Taylor
Switchboard Manager | Local Telecommunications Representative | Switchboard Services
Logan Hospital | Metro South | Queensland Health

P (07) 2891 9190
E chloe.taylor3@health.qld.gov.au
W www.health.qld.gov.au
A Level 2, Building 1, Cnr Loganlea and Armstrong Roads QLD 4131
T Call me on Teams

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From: Cory Shepherd <coryshepherd1@hotmail.com>
Sent: Wednesday, 2 September 2026 11:07 AM
To: Chloe Taylor <Chloe.Taylor3@health.qld.gov.au>
Cc: Jacqui Roberts <Jacqui.Roberts@health.qld.gov.au>; emily.petering@together.org.au
Subject: Re: Cory Shepherd (388372) — application for long service leave and annual leave, and request for AVAC to be processed today

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Follow up

Dear Chloe,

I am asking for an ad hoc payment to be processed today.

The leave has already been applied and the AVAC processed under PRN 249 863 66, so the entitlement exists, I am asking only that it be paid now rather than held to the next pay run.
I have received no wages since 13 July 2026. That is fifty-one days and three pay runs, and I have already had to give up my accommodation.

I should also mention that I am currently unable to log into MyHR. I cannot submit a leave application, check my balances, or see what has been applied to my record, so I am dependent on you and on Payroll for both the payment and for confirmation of what has been processed. If my access can be restored, I would be grateful and, in the meantime, could the information simply be provided to me by email.

If you cannot raise an ad hoc payment yourself, could you please tell me today who can, and I will make the request to them directly.

Kind regards,

Cory Shepherd
Employee number 388372
0417 400 227
coryshepherd1@hotmail.com

From: Cory Shepherd <coryshepherd1@hotmail.com>
Sent: Monday, August 31, 2026 4:06:26 pm
To: Chloe Taylor <Chloe.Taylor3@health.qld.gov.au>
Cc: Jacqui Roberts <Jacqui.Roberts@health.qld.gov.au>; emily.petering@together.org.au <emily.petering@together.org.au>
Subject: Re: Cory Shepherd (388372) — application for

long service leave and annual leave, and request for AVAC to be processed today

Dear Chloe,

Thank you for actioning this today and for the reference number — I appreciate the quick turnaround.

Four short points so the record is accurate.
1. Leave type. To confirm my application: I did not apply for sick leave — I am not unfit for work, and the Employee Capability Checklist of 3 July 2026 certifies me fit with restrictions. My application was for long service leave and, on its exhaustion, annual leave. Could you please confirm exactly which leave types and how many hours were applied for 17–30 August 2026 under PRN 249 863 66. If any personal or sick leave has been debited, could it please be re-credited and replaced in accordance with my application.

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No variation has been in force since 28 June 2026, and my pay advice of 12 August 2026 itself records my absence at 76.00 hours for the fortnight. If a different arrangement has been recorded for any period after 28 June 2026, could you please let me know what it is and the document it is based on.

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adjustment, and the "NP Sick Leave" recorded for the earlier fortnights corrected at the same time.

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For completeness, everything actioned today, and any adjustments, remain on the basis set out at paragraph 4 of my email this morning — under protest and subject to re-credit.
Thanks again, Chloe.

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Subject: RE: Cory Shepherd (388372) — application for long service leave and annual leave, and request for AVAC to be processed today

Good afternoon Cory,

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About your long service leave from the 13th July 2026 - the system is currently not allowing me to apply LSL, so I have made enquiries with Payroll to understand why this may be and I will get back you as soon as I have an update.

Kind regards,
Chloe

Chloe Taylor
Switchboard Manager | Local Telecommunications Representative | Switchboard Services
Logan Hospital | Metro South | Queensland Health

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From: Cory Shepherd <coryshepherd1@hotmail.com>
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To: Chloe Taylor <Chloe.Taylor3@health.qld.gov.au>
Cc: Jacqui Roberts <Jacqui.Roberts@health.qld.gov.au>; emily.petering@together.org.au
Subject: Cory Shepherd (388372) — application for long service leave and annual leave, and request for AVAC to be processed today

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Dear Chloe,

I am writing to apply for leave and to ask that the AVAC be processed today. I have copied Jacqui Roberts.

1. MY POSITION

I have not been working since 3 July 2026. I have received no wages since 13 July 2026.

On 3 July 2026 Dr Ma completed the Employee Capability Checklist on Metro South's own form. It certifies me fit with restrictions and records that usual switchboard operational duties remain suitable. I have remained ready and available to work within those restrictions throughout, and I remain so now.

My pay advice of 12 August 2026, for the fortnight 20 July to 2 August 2026, records me as on "NP Sick Leave" for 76 hours with gross pay of $0.00. I did not apply for sick leave and I am not unfit for work.

2. WHAT I APPLY FOR

In the interim, and so that my entitlements can be processed, I apply as follows:

- Long service leave, on full pay, from 13 July 2026 being the date from which I have received no wages through to the current date and continuing; and

- when my long service leave entitlement is exhausted, annual leave, to commence immediately from that point and to continue until further notice.

To the extent that any absence over that period has already been recorded as unpaid sick leave, I ask that the coding be corrected and replaced with the leave applied for above.

I confirm I am not applying for personal leave, as I am not unfit for work.

3. THE AVAC

I ask that the AVAC be submitted and processed today, and that I be given the reference number once it has been done, together with confirmation of the pay run in which the payment will be made.

I ask this because of the financial position set out below, and because the cut-off for the next available pay run is imminent.

4. THIS APPLICATION IS MADE UNDER PROTEST, AND SUBJECT TO RE-CREDIT

This application is made under protest and without prejudice to my position, and on the following express basis:

- I remain ready, willing and able to work within the restrictions recorded in the Employee Capability Checklist of 3 July 2026, and I have been since 3 July 2026;
- I apply for this leave only because I have received no wages since 13 July 2026 and no payment has been made to me in the interim;
- my concerns regarding pay, the leave debited since 3 July 2026, and the adjustments recorded in the Employee Capability Checklist of 3 July 2026 remain unresolved and in dispute, and nothing in this application resolves, waives or narrows any of them; and
- I ask that the leave taken under this application be re-credited to me in the event that wages are paid, or found payable, for any part of the same period, or in the event that the recording of my absence over that period is later corrected or determined otherwise.

I make this application on the understanding that it does not prevent that outcome, and I reserve my position in full.

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I want to be plain about why I am asking for this to be done today rather than in the ordinary course.

I have had no income since 13 July 2026. As a consequence I have had to give up my accommodation. I am not raising this to make a point; I am raising it because it is the reason for the urgency, and because I would rather tell you than have it become apparent later.

If there is any mechanism available for an urgent or off-cycle payment in cases of financial hardship, I would be grateful if you could tell me and I will apply for it.

6. IF ANY PART OF THIS CANNOT BE ACTIONED

If any part of this application cannot be actioned today, could you please let me know today which part, and why, and when it will be actioned. A short note is entirely sufficient.

Thank you for your assistance.

Kind regards,
Cory Shepherd
Employee number 388372
0417 400 227
coryshepherd1@hotmail.com

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TAB 44 — SMS, 2 September 2026

13:59

0487 313 927

Hey Jacqui, are you available for a quick call and could you please help me get paid I do need to live and meet basic needs of food.

Yesterday • 17:29

Hi Cory. I know that Chloe has been working hard on this today for you. I am sure she will get back to you asap tomorrow about this.

17:29

Okay, thanks | Thanks 🙂 | Thank you so much!

RCS message

Cory Shepherd (388372) — Part 1: the sick-leave coding since 3 July · Part 2: payment

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From: Cory Shepherd coryshepherd1@hotmail.com
To: Chloe Taylor Chloe.Taylor3@health.qld.gov.au, PayrollMetroSouth PayrollMetroSouth@health.qld.gov.au
Cc: Jacqui Roberts Jacqui.Roberts@health.qld.gov.au, Emily Petering emily.petering@together.org.au
Sent: Thursday 3 September at 13:30

Dear Jacqui, Chloe and Payroll,

I am addressing this to you, Jacqui, because Chloe has done what she can and Payroll's answer this morning was that an ad hoc payment cannot be processed before 9 September. I have set out below why
that is not correct on Queensland Health's own policy, and I am asking you, as the senior HR contact on this matter, to see that it is resolved rather than left to run to the next reply.

Two parts. The attachment has three sections: the seventeen emails that bear on this, each reproduced once as sent, from 2 July to this morning; two tables, the leave requests and the payment position by fortnight; a copy of HR Policy C13, Payment of salaries and wages; and a copy of Directive 12/24, Special Leave. I refer to both in Part 2.

PART 1 — THE "SICK LEAVE – NO PAY" CODING

I have been asking for leave to be applied correctly since 3 July 2026, and the coding I am
objecting to began before that.

Your email of 2 July said that unless I advised otherwise, shifts I had not worked would be processed as sick leave. On 3 July at 2:49 pm you said you would continue to process as "Sick leave / Sick leave no pay" because the leave type had not been confirmed (email 3). At 3:18 pm the same day I confirmed it: annual leave, not sick leave without pay (email 4). "Sick Leave – No Pay" has been applied every day since, and I have asked for it to be corrected on 10 July, 13 July, 28 July, 5 August, 24 August, 31 August and today.

"Sick Leave – No Pay" has been applied to my record from 3 July 2026, the day I was held out of the workplace — and, under your email of 2 July, to the shifts not worked before that date. It was applied against my written instruction of the same day.

This objection was made on the day the coding was first raised with me, before any question of long service leave eligibility arose, and on every occasion since. It is not a request made after the fact. I ask that the coding be corrected from the first date it was applied, and that the correction be made before my long service leave eligibility is recalculated in the audit.

PART 2 — PAYMENT

An ad hoc payment can be made, and it is the process that exists for exactly this situation.

Queensland Health's HR Policy C13, Payment of salaries and wages (QH-POL-188, 23 June 2025), section 8, describes the ad hoc payment process as one that "enables employees to request a payment that was missed or requires correction outside of the regular pay day schedule without waiting for the next "pay cycle". The certified agreement requires pay that is not correct to be corrected in a timely manner (EB12 cl 3.8.1), and the agreed mechanism for that is an ad hoc payment (EB11 cl 3.8.3). One

was processed for me on 11 March 2025 (log 4045255). The statement that a payment cannot be processed before 9 September describes the pay cycle. It is not the ad hoc process, and I do not accept it.

The pay that was missed. I was paid nothing on 26 August for the fortnight 3 to 16 August, coded "Sick Leave – No Pay" against my written instruction, and nothing on the three pay days before it. That fortnight is the "most recent prior pay period" in the policy's definition, and it is the payment I am asking for by ad hoc payment now. Process 24926366 covers 17 to 30 August only; I ask that it be confirmed in the 9 September run, but it does not answer the fortnights before it.

What the policy requires of the line manager. Section 2 provides that a line manager, when notified by an employee of an incorrect wage payment, "must take all steps to rectify the error including ... preparing and submitting further forms". I gave that notice on 3 July and on every fortnight since.

The attendance variation form submitted for 17 to 30 August is the corrective form; I ask that the same form be submitted today for 3 to 16 August, and for 3 July to 2 August, with the leave type I have instructed, and that the ad hoc payment pending under enquiry 4471091 be processed against it.

Section 8 also provides that where an employee is unable to access myHR the line manager can lodge the ad hoc request on the employee's behalf; I could not access myHR until 2 September. The request was lodged on Wednesday 2 September, within the policy's timeframe for payment before the next pay day.

Under section 9 of the same policy I also ask for a review of my pay entitlements from 3 July 2026, since my pay has been continuously incorrect from that date, to run with the leave audit Payroll has

opened.

If the ad hoc payment is refused, I ask for the reason in writing, the policy relied on, and the name of the officer who decided it. If it is not resolved locally, I will ask the union to escalate it to the payroll point of contact provided for in the certified agreement (EB12 cl 3.8.2).

Separately, and so that I am paid from here:

1. Long service leave from 13 July 2026, not 4 September. On the dates recorded in the agreement under which I was reinstated, commencement 25 March 2019, reinstatement effective 20 September 2024 with continuity preserved, seven years' continuous service fell due on 25 March 2026, and long service leave was available to me from that date. I have no other leave that could cover the period from 13 July: my recreation leave balance is 51.31 hours. I therefore apply for long service leave on full pay at 76 hours per fortnight from 13 July 2026, continuing until further notice. If Payroll maintains 4 September as the eligibility date, the difference between the two dates is the unpaid coding I have objected to since 3 July, and I ask that the audit resolve it in my favour. In the meantime, and without prejudice: (a) my recreation leave, 51.31 hours, is to be applied to 3 to 16 August so that the ad hoc payment can be made now, to be re-credited when long service leave is applied from 13 July; and (b) long service leave is to be entered from 4 September at the latest so that it is in the fortnight ending 13 September, and no further "Sick Leave – No Pay" is to be entered from that date.

2. Special leave on full pay from 3 July 2026. There is a third leave type, and it is the one that fits an absence the employer directed. Directive 12/24, Special Leave, applies to every employee covered by the certified agreement (EB12 cl 9.12). Clause 6.1 provides that a chief executive "may approve paid leave for employees for any purpose,

with duration appropriate to the purpose of the leave", beyond five days where the chief executive "considers that circumstances warrant" it. Clause 6.5 provides that in determining an application the chief executive "must consider … the impact on the employee if the requested leave is not approved". Special leave is not debited from any leave account. I applied for it on 28 July 2026 (email 13, point 4) and again on 5 August (email 19), for each day from 3 July on which I was certified fit with restrictions, available, and directed not to attend. The reply of 29 July did not address it, the reply of 30 July did not address it, and no decision has been communicated since. I ask that the application be put to the delegate now, and that I be given the decision in writing, with reasons, including how the clause 6.5 considerations were weighed: the reason is an absence I did not choose; the duration is **62 days** and continuing; and the impact of refusal has been no income since 15 July. If special leave on full pay is approved from 3 July, the recreation leave and long service leave applied for above are to be re-credited in full.

3. Written confirmation of what will be paid on 9 September under process 24926366 — the gross amount, the hours, and the leave types debited — and whether it was processed at 76 hours or at 0.5 FTE. If at 0.5 FTE, the balance to be adjusted in the next run. The last reduced-hours arrangement ended on 28 June 2026 and nothing has replaced it.

4. The daily "Sick Leave – No Pay" entries. Section 6 of the policy permits a line manager to submit leave on an employee's behalf only where the employee's request for leave is documented in writing and the supporting documents are retained. My written request of 3 July was for annual leave. I ask for a copy of the written request and the supporting documents on which each "Sick Leave – No Pay" entry since 3 July was made.

Everything applied for is on the basis set out in my application of 31 August, paragraph 4, under protest and subject to re-credit. I remain certified fit with restrictions and available to work.

Kind regards,
Cory Shepherd
Employee number 388372
0417 400 227
coryshepherd1@hotmail.com

From: Chloe Taylor <Chloe.Taylor3@health.qld.gov.au>
Sent: Thursday, September 3, 2026 10:27:51 am
To: Cory Shepherd <coryshepherd1@hotmail.com>; PayrollMetroSouth <PayrollMetroSouth@health.qld.gov.au>
Cc: Jacqui Roberts <Jacqui.Roberts@health.qld.gov.au>; Emily Petering <emily.petering@together.org.au>
Subject: RE: Cory Shepherd (388372) RE: Please respond to Chloe Taylor regarding long service leave and why it can not be actioned.

Hi Cory,

Please see the below email from Payroll.

I understand this may be frustrating, particularly in relation to your Long Service Leave. I have requested further information from Payroll regarding why your eligibility date is showing as 04/09/2026, as I appreciate you would like some clarity around this.

Unfortunately, Long Service Leave cannot be backdated & paid prior to the date you become eligible.

I have also confirmed with Payroll this morning on the phone regarding the ADHOC payment for the 17/08/2026–30/08/2026 pay cycle. Unfortunately, this cannot be processed prior to Wednesday 9th

September 2026.

I appreciate this may not be the outcome you were hoping for, and I will continue to follow up where I can, to ensure everything is clarified and processed as soon as possible.

Kind regards,
Chloe

Chloe Taylor
Switchboard Manager | Local Telecommunications Representative | Switchboard Services
Logan Hospital | Metro South | Queensland Health

P (07) 2891 9190
E chloe.taylor3@health.qld.gov.au
W www.health.qld.gov.au
A Level 2, Building 1, Cnr Loganlea and Armstrong Roads QLD 4131
T Call me on Teams

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From: PayrollMetroSouth <PayrollMetroSouth@health.qld.gov.au>
Sent: Thursday, 3 September 2026 9:05 AM
To: Chloe Taylor <Chloe.Taylor3@health.qld.gov.au>
Subject: RE: Cory Shepherd (388372) RE: Please respond to Chloe Taylor regarding long service leave and why it can not be actioned.

Hi Chloe,

You aren't able to put in LSL leave as Cory's LSL eligibility date is only from 04/09/2026.
I can see a log has been created for a leave audit, a CSO is currently working on it however still in progress.

Kind Regards,

Queensland Government
John Layson
Client Service Officer,
Metro South Payroll Team,

P 3608 5985
John.Layson@health.qld
E .gov.au

Meadowbrook Service Centre
Payroll Transactional Services,
Corporate Enterprise Solutions,
Corporate Services Division,
Queensland Health |
Queensland Health

W health.qld.gov.au

A Level 1, 11-13 University Drive, Meadowbrook QLD 4131

MENTAL WELLBEING
Dear mind, remember to make time for you
Visit mentalwellbeing.initiatives.qld.gov.au

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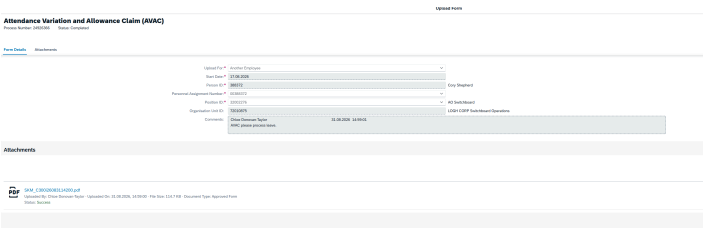
From: Chloe Taylor <Chloe.Taylor3@health.qld.gov.au>
Sent: Wednesday, 2 September 2026 4:16 PM
To: Cory Shepherd <coryshepherd1@hotmail.com>; PayrollMetroSouth <PayrollMetroSouth@health.qld.gov.au>
Cc: Jacqui Roberts <Jacqui.Roberts@health.qld.gov.au>; Emily Petering <emily.petering@together.org.au>
Subject: Cory Shepherd (388372) RE: Please respond to Chloe Taylor regarding long service leave and why it can not be actioned.

Afternoon Cory,

I am so sorry – I gave you the incorrect number – I entered an 8 when it should have been a 2! The correct Process number should 24926366 rather than 2498366, I have snipped a copy of the process below.



In relation to Long Service Leave, please see below. You are most welcome to follow this up with payroll however it is still pending investigation.

Enquiry Status

Log Number: 4469554
Current Status: Pending Investigation
Lodgement Date: 31-Aug-2026

Kind regards,
Chloe

From: Cory Shepherd <coryshepherd1@hotmail.com>
Sent: Wednesday, 2 September 2026 2:05 PM
To: PayrollMetroSouth <PayrollMetroSouth@health.qld.gov.au>; Chloe Taylor <Chloe.Taylor3@health.qld.gov.au>
Cc: Jacqui Roberts <Jacqui.Roberts@health.qld.gov.au>; Emily Petering <emily.petering@together.org.au>
Subject: Re: Cory Shepherd (388372) RE: Please respond to Chloe Taylor regarding long service leave and why it can not be actioned.

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Dear Chloe,

Thank you for your correspondence confirming that all AVAC submissions lodged on 31 August 2026 have been processed.

I have now successfully reset myHR and regained access to my account. After reviewing the records available to me, I have been unable to locate any enquiry, submission, correspondence, or documentation relating to the AVAC request associated with PRN 249 863 66.

In addition, I contacted Payroll by telephone today at 13:24pm and was advised that there is no information recorded against PRN 249 863 66. Payroll further confirmed that all AVAC submissions lodged on 31 August 2026 had been processed on that date.

I was also advised by Payroll that long service leave or where a leave type cannot be processed, or

where a request is rejected, the reason is ordinarily identified during the actioning process. In light of this advice, I would be grateful if you could clarify what information or response you are currently awaiting from Payroll in relation to my long service leave application.

Given that I have been advised on two occasions—on 31 August 2026 and again on 2 September 2026—that an enquiry had been submitted, I would appreciate receiving copies of the following:

- The enquiry, submission, or request that you have confirmed was lodged.
- Any correspondence, records, or communications sent to Payroll regarding my long service leave application.
- Any documentation confirming the processing, status, or outcome of the AVAC request.
- Any correspondence relating to difficulties in processing my long service leave, including any advice received as to why the leave could not be applied.
- Any responses received from Payroll concerning my long service leave entitlement or application.
-
- This matter is of considerable importance to me. The ongoing delay in resolving my leave and pay arrangements has caused significant personal hardship, and I am seeking to establish a clear understanding of the steps that have been taken and any outstanding issues that remain.
-
- To assist in resolving the matter with yourself and payroll as quickly as possible, I would be grateful if all relevant correspondence, enquiries, and records could be provided at your earliest convenience.
-

I appreciate your assistance and look forward to your response.

•

Kind regards,

•

Cory

From: Cory Shepherd <coryshepherd1@hotmail.com>
Sent: Wednesday, September 2, 2026 1:00:56 pm
To: PayrollMetroSouth <payrollmetrosouth@health.qld.gov.au>; Emily Petering <emily.petering@together.org.au>
Subject: Fw: Cory Shepherd (388372) RE: Please respond to Chloe Taylor regarding long service leave and why it can not be actioned.

Good afternoon,

Please respond to Chloe Taylor and resolve the issue with long service leave.

Kind regards,

Cory Shepherd

From: Chloe Taylor <Chloe.Taylor3@health.qld.gov.au>
Sent: Wednesday, September 2, 2026 12:42:58 pm
To: Cory Shepherd <coryshepherd1@hotmail.com>
Cc: Jacqui Roberts <Jacqui.Roberts@health.qld.gov.au>; emily.petering@together.org.au <emily.petering@together.org.au>; Terry McQuillan <Terry.McQuillan@health.qld.gov.au>
Subject: RE: Cory Shepherd (388372) — application for long service leave and annual leave, and request for AVAC to be processed today

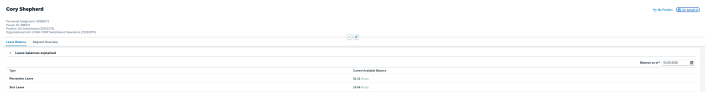
Hi Cory,

Thanks for your email.

PRN 249 863 66 has been processed for the fortnight ending 30th August 2026 and will be paid in the normal pay cycle on Wednesday 9th September 2026. I have applied S/L and A/L in lieu of S/L for this pay cycle.

Regarding your Long Service Leave from 13 July 2026, the system is currently not allowing me to apply the leave requested. I have made enquiries with Payroll and am currently awaiting their advice. I will provide an update once I receive further information.

Please see below your current leave balances as of 2nd September 2026 – Please note that leave balances shown below are prior to AVAC being processed and may therefore change once pay cycle is complete.



If you are having trouble with access, you can call IT Support 1800 198 175 and reset your log in details.

Kind regards,
Chloe

Chloe Taylor
Switchboard Manager | Local Telecommunications Representative | Switchboard Services
Logan Hospital | Metro South | Queensland Health

P (07) 2891 9190
E chloe.taylor3@health.qld.gov.au
W www.health.qld.gov.au
A Level 2, Building 1, Cnr Loganlea and Armstrong Roads QLD 4131
T Call me on Teams

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From: Cory Shepherd <coryshepherd1@hotmail.com>
Sent: Wednesday, 2 September 2026 11:07 AM
To: Chloe Taylor <Chloe.Taylor3@health.qld.gov.au>

Cc: Jacqui Roberts <Jacqui.Roberts@health.qld.gov.au>; emily.petering@together.org.au
Subject: Re: Cory Shepherd (388372) — application for long service leave and annual leave, and request for AVAC to be processed today

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Follow up

Dear Chloe,

I am asking for an ad hoc payment to be processed today.

The leave has already been applied and the AVAC processed under PRN 249 863 66, so the entitlement exists, I am asking only that it be paid now rather than held to the next pay run.
I have received no wages since 13 July 2026. That is fifty-one days and three pay runs, and I have already had to give up my accommodation.

I should also mention that I am currently unable to log into MyHR. I cannot submit a leave application, check my balances, or see what has been applied to my record, so I am dependent on you and on Payroll for both the payment and for confirmation of what has been processed. If my access can be restored, I would be grateful and, in the meantime, could the information simply be provided to me by email.

If you cannot raise an ad hoc payment yourself, could you please tell me today who can, and I will make the request to them directly.

Kind regards,

Cory Shepherd

Employee number 388372
0417 400 227
coryshepherd1@hotmail.com

From: Cory Shepherd <coryshepherd1@hotmail.com>
Sent: Monday, August 31, 2026 4:06:26 pm
To: Chloe Taylor <Chloe.Taylor3@health.qld.gov.au>
Cc: Jacqui Roberts <Jacqui.Roberts@health.qld.gov.au>; emily.petering@together.org.au <emily.petering@together.org.au>
Subject: Re: Cory Shepherd (388372) — application for long service leave and annual leave, and request for AVAC to be processed today

Dear Chloe,

Thank you for actioning this today and for the reference number — I appreciate the quick turnaround.

Four short points so the record is accurate.
1. Leave type. To confirm my application: I did not apply for sick leave — I am not unfit for work, and the Employee Capability Checklist of 3 July 2026 certifies me fit with restrictions. My application was for long service leave and, on its exhaustion, annual leave. Could you please confirm exactly which leave types and how many hours were applied for 17–30 August 2026 under PRN 249 863 66. If any personal or sick leave has been debited, could it please be re-credited and replaced in accordance with my application.

2. Hours. Could the leave please be applied at my substantive hours of 76 per fortnight rather than at 0.5 FTE. The reduced-hours arrangements this year were temporary changes to working conditions: the most recent, approved on 9 June 2026, had an effective period of 25 May 2026 to 28 June 2026 and was not extended.

No variation has been in force since 28 June 2026, and my pay advice of 12 August 2026 itself records my absence at 76.00 hours for the fortnight. If a different arrangement has been recorded for any period after 28 June 2026, could you please let me know what it is and the document it is based on.

3. The period from 13 July. My application was from 13 July 2026, being the date from which I have received no wages. I understand the long service leave question is with Payroll — thank you for raising it promptly. Once it is resolved, could the leave please be applied back to 13 July 2026 as an adjustment, and the "NP Sick Leave" recorded for the earlier fortnights corrected at the same time.

4. Long service leave — what may assist Payroll. My employment commenced on 25 March 2019, and my reinstatement in February 2025 took effect from 20 September 2024 with continuity of service preserved. I therefore reached seven years' continuous service on 25 March 2026 and am entitled to take long service leave under clause 22(c) of the Award. If the system is showing a later continuous service date, it may not have been corrected following my reinstatement — that would explain the error, and Payroll can verify it against my record. I have separately written to Payroll today about my service record and leave balances. Could you also confirm that the payment for 17–30 August will be processed urgently?

For completeness, everything actioned today, and any adjustments, remain on the basis set out at paragraph 4 of my email this morning — under protest and subject to re-credit.
Thanks again, Chloe.

Kind regards,
Cory Shepherd
Employee number 388372
0417 400 227

From: Chloe Taylor <Chloe.Taylor3@health.qld.gov.au>
Sent: Monday, August 31, 2026 3:34:24 pm
To: Cory Shepherd <coryshepherd1@hotmail.com>
Cc: Jacqui Roberts <Jacqui.Roberts@health.qld.gov.au>; emily.petering@together.org.au <emily.petering@together.org.au>
Subject: RE: Cory Shepherd (388372) — application for long service leave and annual leave, and request for AVAC to be processed today

Good afternoon Cory,

Thank you for your email. I have applied your S/L and A/L in lieu of S/L for your absence from the workplace through an AVAC as requested, for the past fortnight 17th August 2026 – 30th August 2026. As you are on reduced roster 0.5 FTE, I have applied the leave as per reduced shifts - PRN 249 863 66

About your long service leave from the 13th July 2026 - the system is currently not allowing me to apply LSL, so I have made enquiries with Payroll to understand why this may be and I will get back you as soon as I have an update.

Kind regards,
Chloe

Chloe Taylor
Switchboard Manager | Local Telecommunications Representative | Switchboard Services
Logan Hospital | Metro South | Queensland Health

P (07) 2891 9190
E chloe.taylor3@health.qld.gov.au
W www.health.qld.gov.au
A Level 2, Building 1, Cnr Loganlea and Armstrong Roads QLD 4131
T Call me on Teams

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Sent: Monday, 31 August 2026 10:59 AM

To: Chloe Taylor <Chloe.Taylor3@health.qld.gov.au>

Cc: Jacqui Roberts <Jacqui.Roberts@health.qld.gov.au>; emily.petering@together.org.au

Subject: Cory Shepherd (388372) — application for long service leave and annual leave, and request for AVAC to be processed today

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Dear Chloe,

I am writing to apply for leave and to ask that the AVAC be processed today. I have copied Jacqui Roberts.

1. MY POSITION

I have not been working since 3 July 2026. I have received no wages since 13 July 2026.

On 3 July 2026 Dr Ma completed the Employee Capability Checklist on Metro South's own form. It certifies me fit with restrictions and records that usual switchboard operational duties remain suitable. I have remained ready and available to work within those restrictions throughout, and I remain so now.

My pay advice of 12 August 2026, for the fortnight 20 July to 2 August 2026, records me as on "NP Sick Leave" for 76 hours with gross pay of $0.00. I did not apply for sick leave and I am not unfit for work.

2. WHAT I APPLY FOR

In the interim, and so that my entitlements can be processed, I apply as follows:

- Long service leave, on full pay, from 13 July 2026 being the date from which I have received no wages through to the current date and continuing; and

- when my long service leave entitlement is exhausted, annual leave, to commence immediately from that point and to continue until further notice.

To the extent that any absence over that period has already been recorded as unpaid sick leave, I ask that the coding be corrected and replaced with the leave applied for above.

I confirm I am not applying for personal leave, as I am not unfit for work.

3. THE AVAC

I ask that the AVAC be submitted and processed today, and that I be given the reference number once it has been done, together with confirmation of the pay run in which the payment will be made.

I ask this because of the financial position set out below, and because the cut-off for the next available pay run is imminent.

4. THIS APPLICATION IS MADE UNDER PROTEST, AND SUBJECT TO RE-CREDIT

This application is made under protest and without prejudice to my position, and on the following express basis:

- I remain ready, willing and able to work within the restrictions recorded in the Employee Capability Checklist of 3 July 2026, and I have been since 3 July 2026;
- I apply for this leave only because I have received no wages since 13 July 2026 and no payment has been made to me in the interim;
- my concerns regarding pay, the leave debited since 3 July 2026, and the adjustments recorded in the Employee Capability

Checklist of 3 July 2026 remain unresolved and in dispute, and nothing in this application resolves, waives or narrows any of them; and
- I ask that the leave taken under this application be re-credited to me in the event that wages are paid, or found payable, for any part of the same period, or in the event that the recording of my absence over that period is later corrected or determined otherwise.

I make this application on the understanding that it does not prevent that outcome, and I reserve my position in full.

5. FINANCIAL HARDSHIP

I want to be plain about why I am asking for this to be done today rather than in the ordinary course.

I have had no income since 13 July 2026. As a consequence I have had to give up my accommodation. I am not raising this to make a point; I am raising it because it is the reason for the urgency, and because I would rather tell you than have it become apparent later.

If there is any mechanism available for an urgent or off-cycle payment in cases of financial hardship, I would be grateful if you could tell me and I will apply for it.

6. IF ANY PART OF THIS CANNOT BE ACTIONED

If any part of this application cannot be actioned today, could you please let me know today which part, and why, and when it will be actioned. A short note is entirely sufficient.

Thank you for your assistance.

Kind regards,
Cory Shepherd
Employee number 388372

0417 400 227
coryshepherd1@hotmail.com

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Cory Shepherd (388372) — urgent ad hoc payment request

From: Cory Shepherd
coryshepherd1@hotmail.com
To: John.Layson@health.qld.gov.au
John.Layson@health.qld.gov.au
Sent: Thursday 3 September at 14:04

Dear John,

I am writing to ask who within Payroll has authority to action an ad hoc payment today, or whether you are able to arrange for it to be actioned.

I have received no wages since 13 July 2026. I have no funds available for food or basic necessities.

The AVAC for 17–30 August 2026 has already been processed under PRN 24926366. I understand that payment is presently scheduled for 9 September. However, my request concerns the missed pay for the fortnight 3–16 August 2026, for which I received nil pay on 26 August and which remains unresolved.

Queensland Health HR Policy C13, section 8, provides for an ad hoc payment where pay was missed or requires correction outside the regular pay-day schedule. I have requested this payment under enquiry 4471091.

Could you please either:

1. Arrange for the ad hoc payment request to be actioned today; or
2. Provide the name, position, telephone number and email address of the Payroll officer or delegate who can decide and action it today.

If Payroll cannot process the payment, could you please provide the reason in writing, identify the

applicable policy or requirement, and confirm who made that decision.

I appreciate your assistance. This is urgent.

Kind regards,
Cory Shepherd
Employee number 388372
0417 400 227
coryshepherd1@hotmail.com

Re: Subject: Re: Cory Shepherd (388372) — urgent food and payment today

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From: Matthew Beetham from Together Queensland representation@together.org.au
To: coryshepherd1@hotmail.com coryshepherd1@hotmail.com
Sent: Thursday 3 September at 14:52

Hi Cory,

Thank you for your email, and I am sorry to hear about your situation.

We wanted to let you know about a service called the Workers' Psychological Support Service (WPSS), which is available to Together members. It is set up to assist workers with work-related physical or mental health issues or injuries (including a lack of support from management).

We would recommend giving them a call or sending a message via https://wpss.org.au/ or 1800 370 732. They provide connections to a wide range of services including mental health support, work safety issues, and financial counselling.

We have had very positive feedback from other members who have used them, but it is completely your choice as to whether you are interested in speaking with them.

Take care,

Matthew Beetham

Member Assist
Together ASU

Ph:1800 177 244
E: representation@together.org.au

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*Visit the **Member Only Portal** for instant access to a wealth of information on your rights at work, as well as a growing library of Frequently Asked Questions.*

Together recognises and respects the Aboriginal and Torres Strait Islander peoples of the lands upon which we undertake our work to promote and defend the interests and values of members. We acknowledge the Traditional Owners and custodians who have cared for this country for thousands of years.

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On Thursday, 3 September 2026, 2:15:39 pm +1000, Cory Shepherd <coryshepherd1@hotmail.com> wrote:

> Hi Emily,
>
> Thank you for letting me know.
>
> I understand you need time to review the material and I am not asking you to answer the substantive matters today.
>
> I do need to make clear that I have not eaten properly in days and I have no funds available for food. I am asking only whether you can make a call today to Payroll, Jacqui, or the appropriate contact to see whether the ad hoc payment can be actioned urgently, or tell me who I should contact directly.
>
> If you have any member welfare, hardship, or emergency-support option available through Together, could you please let me know today.
>
> I am available on 0417 400 227 at any time.
>
> Thank you,
> Cory
>
> Get Outlook for Android

From: Emily Petering from Together Queensland <representation@together.org.au>
Sent: Thursday, September 3, 2026 2:10:44 pm
To: Cory Shepherd <coryshepherd1@hotmail.com>
Subject: Re: Cory Shepherd (388372) — application for long service leave and annual leave, and request for AVAC to be processed today

Hi Cory

I was out of the office yesterday (Wednesday) and in meetings with members this morning.

I am currently reviewing the 14 emails I've received on your matter this week. My plan is to review them as I am able over the next few days and reply to you with answers to your specific questions in the below by the end of the week.

Kind regards

Emily Petering

Member Assist
Together ASU

Ph: 1800 177 244
E: representation@together.org.au

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Together recognises and respects the Aboriginal and Torres Strait Islander peoples of the lands upon which we undertake our work to promote and defend the interests and values of members. We acknowledge the Traditional Owners and custodians who have cared for this country for thousands of years.

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Prefer fewer emails from me? Click here

On Wednesday, 2 September 2026, 12:14:39 pm +1000, Cory Shepherd

<coryshepherd1@hotmail.com> wrote:

> Hi Emily and Heath,
>
> I need the union to act on this now, and I would like to speak with you by phone today if you can manage it.
>
> Where I am
>
> I have received no wages since 13 July 2026 over fifty-one days, three pay runs. I have lost my accommodation. I am certified fit with restrictions on Metro South's own form and have been ready and available since 3 July, and no instrument for keeping me out has ever been identified despite my asking on 4 August. I cannot log into MyHR, so I cannot even see what has been applied to my record.
>
> You were copied on Monday's exchange with Chloe, so you saw it: my formal application produced the first payment action in 59 days — but for one fortnight only, at "0.5 FTE" on an arrangement that expired on 28 June, with sick leave in the mix, and with long service leave blocked "by the system". I corrected all of that within 32 minutes. Nothing has come back since Monday afternoon; not on the payment, not on the coding, not on long service leave, and not from Payroll on anything. I have today asked for an ad hoc payment to be processed immediately.
>
> The attached two-page brief has the whole record: every request since 3 July, the key passages verbatim with timestamps, and what I am asking for.
>
> What I am asking the union to do

1. Start a wages claim. I have been ready, willing and able within the certified restrictions since 3 July. This does not depend on the medical process and I do not want it to wait behind it any longer.

2. Get the ad hoc payment moving. The entitlement is already approved under PRN 249 863 66. An approved entitlement, unpaid, with a member who has lost his housing, is something I hope the union can move with a phone call where my emails have not.

3. Fix the coding and the rate. Sick leave removed and replaced in accordance with my application; leave applied at my substantive 76 hours, not "0.5 FTE"; and the full period from 13 July adjusted, not one fortnight. If MSH defends the 0.5 FTE, then they are paying my leave on a roster they refuse to roster me to and I would like the union to put that to them.

4. Long service leave. The system "will not allow" it. I commenced on 25 March 2019 and my February 2025 reinstatement preserved continuity, so seven years fell due on 25 March 2026. If Payroll's service date says otherwise, it was never corrected after reinstatement and has been wrong for eighteen months.

5. A decision. That MSH either return me to work within the 3 July restrictions by a stated date, or give me a written decision declining to, identifying the instrument and the officer. I would rather have a decision I can respond to than continue with none.

6. A referral to Hall Payne, for advice on a personal injury matter arising from my employment. I understand a member referral carries more weight than a cold

approach, and I would be grateful if you could make the introduction this week.

I want to be straightforward with you: this is causing me severe distress and I am not coping with it financially or otherwise.

Could you call me on 0417 400 227 today? Any time.

Thank you, Emily.
Cory Shepherd
0417 400 227
coryshepherd1@hotmail.com

From: Emily Petering <Emily.Petering@together.org.au>
Sent: Wednesday, September 2, 2026 11:07:56 am
To: Cory Shepherd <coryshepherd1@hotmail.com>
Subject: Automatic reply: Cory Shepherd (388372) — application for long service leave and annual leave, and request for AVAC to be processed today

Thank you for your email. I'm currently out of the office, returning Thursday 3 September.

If your matter is urgent, please contact assistance@together.org.au Otherwise, I will respond when I'm back.

Kind regards
Emily

RE: Invoice 574370 (3 July) / payment 10 July 2026 — remittance to LBH Injury Management only — Cory Shepherd — no medical records

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From: LBH Injury Management LBH_InjuryManagement@health.qld.gov.au
To: Cory Shepherd coryshepherd1@hotmail.com, MyDoctorsSurfers Reception surfersreception@mydoctorsclinic.com.au
Sent: Thursday 3 September at 07:38

Good morning Cory,

We received an email from Dr Ma's clinic yesterday afternoon (02/09/2026) and will complete the paperwork today and send it through.

Once this has been completed, I will follow up with an email and provide you with a copy of the completed paperwork for your records.

Kindest Regards,

Michelle Harrison (she/her)
Injury Management Consultant I LBHS HR Team 1
Human Resource
Logan and Beaudesert Hospital and Health Service
4/3-5 University Drive
Meadowbrook Qld 4131
Metro South Health I

e. lbh_InjuryManagement@health.qld.gov.au I Chat on Teams
p. 07 3542 2744
a. Monday - Friday 8am - 4pm

Metro South Health recognises and pays respect to the Traditional Custodians of the land and waters – the Yugambeh, Quandamooka, Jaggera, Ugarapul, Turrbal, and Mununjali peoples – and to Elders, past and present.

From: Cory Shepherd <coryshepherd1@hotmail.com>
Sent: Wednesday, 2 September 2026 6:25 PM
To: MyDoctorsSurfers Reception <surfersreception@mydoctorsclinic.com.au>
Cc: LBH Injury Management <LBH_InjuryManagement@health.qld.gov.au>
Subject: Fw: Invoice 574370 (3 July) / payment 10 July

2026 — remittance to LBH Injury Management only — Cory Shepherd — no medical records

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Dear recipient/My Doctors Surfers reception,

I am following up on this matter and would appreciate confirmation as to whether proof of payment or payment confirmation has been provided to Michelle at LBH Injury Management, so that the reimbursement can be processed and the funds returned to me.

Kind regards,

Cory

From: Cory Shepherd <coryshepherd1@hotmail.com>
Sent: Tuesday, August 11, 2026 5:55:00 pm
To: MyDoctorsSurfers Reception <surfersreception@mydoctorsclinic.com.au>
Subject: Invoice 574370 (3 July) / payment 10 July 2026 — remittance to LBH Injury Management only — Cory Shepherd — no medical records

Dear My Doctors Clinic Surfers Paradise,

I am writing regarding billing for the consultation at your clinic (patient: Cory Shepherd, DOB 11/01/1991).

For reference:
- Appointment: 3 July 2026 (case conference / consult with Dr Day Hong Ma)
- Invoice: Invoice No. 574370, invoice date 3 July 2026, amount $150.00 (copy attached)
- Payment: paid on 10 July 2026 (payment confirmation attached)

Attached are:
1. Invoice 574370
2. My payment confirmation
3. Email from Michelle Harrison, Injury Management Consultant, LBH Injury Management, Metro South Health (31 July 2026, file MSH-INJ-5795 / CLM-317073)

In Michelle's email she asks that the Medical Centre email Injury Management directly at:

LBH_InjuryManagement@health.qld.gov.au

with a copy of the invoice and remittance advice confirming that payment has already been made, so they can process reimbursement.

Please treat this as follows:

1. For the cost of that consultation only (Invoice 574370 / $150 paid 10 July 2026) — please email the invoice and receipt / remittance confirmation of payment to LBH Injury Management at the address above for reimbursement, as Michelle's email sets out. Copies of the invoice and my payment are attached for ease of reference.

2. That contact is strictly for the payment / reimbursement of the consult fee only.

3. No medical records, clinical notes, reports, or other health information are to be shared directly with Metro South Health, Injury Management, or any other third party under this arrangement. This email is not an authority to release my medical file. Any clinical information for my employer is to be provided only through me (or under a separate written authority that I give for a defined purpose).

If you need anything further from me for billing, please reply to this email or call 0417 400 227.

Kind regards,
Cory Shepherd
coryshepherd1@hotmail.com
0417 400 227

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My Payroll Enquiries

How to (https://erpkb.health.qld.gov.au/KnowledgeBank/myHR/ESS/Pay/OV_Pay%20Info.htm?TocPath=Employee%20Self%20Service%7CMy%20payroll%

New enquiry (/Enquiry/CreatemyHR)

Filter

All

Log no (/Enquiry/SelectAll?Enquiries-pageSize=10&Enquiries-sort=EnquiryId-asc)	Date submitted (/Enquiry/SelectAll?Enquiries-pageSize=10&Enquiries-sort=CreatedAt-asc)	Enquiry type (/Enquiry/SelectAll?Enquiries-pageSize=10&Enquiries-sort=EnquiryTypePSS-asc)	Sub category (/Enquiry/SelectAll?Enquiries-pageSize=10&Enquiries-sort=EnquirySubCategoryPSS-asc)	PAN (/Enquiry/SelectAll?Enquiries-pageSize=10&Enquiries-sort=PAN-asc)	Status (/Enquiry/SelectAll?Enquiries-pageSize=10&Enquiries-sort=CurrentStatus-asc)	
4471091	02.09.2026	Ad Hoc Payment	Ad Hoc Payment	00388372	Pending Investigation	View (/Enquiry/
4438861	22.07.2026	Enquiry	Leave	00388372	Resolved	View (/Enquiry/
4045255	11.03.2025	Ad Hoc Payment	Ad Hoc Payment	00388372	Resolved	View (/Enquiry/
3977988	07.02.2025	Document request	Pay advice or payment summary	00388372	Resolved	View (/Enquiry/
3917828	14.11.2024	Underpayment	Underpayment	00388372	Resolved	View (/Enquiry/
3911852	06.11.2024	Enquiry	General	00388372	Resolved	View (/Enquiry/
3905909	29.10.2024	Document request	Pay advice or payment summary	00388372	Resolved	View (/Enquiry/
3769952	19.04.2024	Enquiry	General	00388372	Resolved	View (/Enquiry/
3762232	09.04.2024	Enquiry	General	00388372	Resolved	View (/Enquiry/
3466141	22.04.2023	Document request	Statement of service	00388372	Resolved	View (/Enquiry/

1 2

myHR Leave Cory Shepherd CS

Cory Shepherd

On behalf of

Personnel Assignment: 00388372
Person ID: 388372
Position: AO Switchboard (32002276)
Organisational Unit: LOGH CORP Switchboard Operations (72010875)

Leave Balance Request Overview

Leave balances explained

Balance as of* 02.09.2026

Type	Current Available Balance
Recreation Leave	51.31 Hours
Sick Leave	14.66 Hours
Rostered Day Off	-0.33 Hours

Request Overview

Calen... List

Show from* 02.08.2026

Reference Number	Form	Process Status	Modify
SICK LEAVE - NO PAY (03.08.2026 - 03.08.2026)			
	Leave Request	APPROVED	Change/Cancel
SICK LEAVE - NO PAY (04.08.2026 - 04.08.2026)			
	Leave Request	APPROVED	Change/Cancel
SICK LEAVE - NO PAY (05.08.2026 - 05.08.2026)			

Create Request

Re: Cory Shepherd (388372) — application for long service leave and annual leave, and request for AVAC to be processed today

---

From: Cory Shepherd coryshepherd1@hotmail.com
To: Chloe Taylor Chloe.Taylor3@health.qld.gov.au
Cc: Jacqui Roberts Jacqui.Roberts@health.qld.gov.au, emily.petering@together.org.au emily.petering@together.org.au
Sent: Wednesday 2 September at 11:07

Follow up

Dear Chloe,

I am asking for an ad hoc payment to be processed today.

The leave has already been applied and the AVAC processed under PRN 249 863 66, so the entitlement exists, I am asking only that it be paid now rather than held to the next pay run.
I have received no wages since 13 July 2026. That is fifty-one days and three pay runs, and I have already had to give up my accommodation.

I should also mention that I am currently unable to log into MyHR. I cannot submit a leave application, check my balances, or see what has been applied to my record, so I am dependent on you and on Payroll for both the payment and for confirmation of what has been processed. If my access can be restored, I would be grateful and, in the meantime, could the information simply be provided to me by email.

If you cannot raise an ad hoc payment yourself, could you please tell me today who can, and I will

make the request to them directly.

Kind regards,

Cory Shepherd
Employee number 388372
0417 400 227
coryshepherd1@hotmail.com

From: Cory Shepherd <coryshepherd1@hotmail.com>
Sent: Monday, August 31, 2026 4:06:26 pm
To: Chloe Taylor <Chloe.Taylor3@health.qld.gov.au>
Cc: Jacqui Roberts <Jacqui.Roberts@health.qld.gov.au>; emily.petering@together.org.au <emily.petering@together.org.au>
Subject: Re: Cory Shepherd (388372) — application for long service leave and annual leave, and request for AVAC to be processed today

Dear Chloe,

Thank you for actioning this today and for the reference number — I appreciate the quick turnaround.

Four short points so the record is accurate.
1. Leave type. To confirm my application: I did not apply for sick leave — I am not unfit for work, and the Employee Capability Checklist of 3 July 2026 certifies me fit with restrictions. My application was for long service leave and, on its exhaustion, annual leave. Could you please confirm exactly which leave types and how many hours were applied for 17–30 August 2026 under PRN 249 863 66. If any personal or sick leave has been debited, could it please be re-credited and replaced in accordance with my application.

2. Hours. Could the leave please be applied at my substantive hours of 76 per fortnight rather than at

0.5 FTE. The reduced-hours arrangements this year were temporary changes to working conditions: the most recent, approved on 9 June 2026, had an effective period of 25 May 2026 to 28 June 2026 and was not extended.

No variation has been in force since 28 June 2026, and my pay advice of 12 August 2026 itself records my absence at 76.00 hours for the fortnight. If a different arrangement has been recorded for any period after 28 June 2026, could you please let me know what it is and the document it is based on.

3. The period from 13 July. My application was from 13 July 2026, being the date from which I have received no wages. I understand the long service leave question is with Payroll — thank you for raising it promptly. Once it is resolved, could the leave please be applied back to 13 July 2026 as an adjustment, and the "NP Sick Leave" recorded for the earlier fortnights corrected at the same time.

4. Long service leave — what may assist Payroll. My employment commenced on 25 March 2019, and my reinstatement in February 2025 took effect from 20 September 2024 with continuity of service preserved. I therefore reached seven years' continuous service on 25 March 2026 and am entitled to take long service leave under clause 22(c) of the Award. If the system is showing a later continuous service date, it may not have been corrected following my reinstatement — that would explain the error, and Payroll can verify it against my record. I have separately written to Payroll today about my service record and leave balances. Could you also confirm that the payment for 17–30 August will be processed urgently?

For completeness, everything actioned today, and any adjustments, remain on the basis set out at paragraph 4 of my email this morning — under protest and subject to re-credit.
Thanks again, Chloe.

Kind regards,
Cory Shepherd
Employee number 388372
0417 400 227

From: Chloe Taylor <Chloe.Taylor3@health.qld.gov.au>
Sent: Monday, August 31, 2026 3:34:24 pm
To: Cory Shepherd <coryshepherd1@hotmail.com>
Cc: Jacqui Roberts <Jacqui.Roberts@health.qld.gov.au>; emily.petering@together.org.au <emily.petering@together.org.au>
Subject: RE: Cory Shepherd (388372) — application for long service leave and annual leave, and request for AVAC to be processed today

Good afternoon Cory,

Thank you for your email. I have applied your S/L and A/L in lieu of S/L for your absence from the workplace through an AVAC as requested, for the past fortnight 17th August 2026 – 30th August 2026. As you are on reduced roster 0.5 FTE, I have applied the leave as per reduced shifts - PRN 249 863 66

About your long service leave from the 13th July 2026 - the system is currently not allowing me to apply LSL, so I have made enquiries with Payroll to understand why this may be and I will get back you as soon as I have an update.

Kind regards,
Chloe

Chloe Taylor
Switchboard Manager | Local Telecommunications Representative | Switchboard Services
Logan Hospital | Metro South | Queensland Health

P (07) 2891 9190
E chloe.taylor3@health.qld.gov.au
W www.health.qld.gov.au
A Level 2, Building 1, Cnr Loganlea and Armstrong Roads QLD 4131
T Call me on Teams

Queensland Health acknowledges the Traditional Custodians of the land across Queensland, and pays respect to First Nations Elders past and present.

From: Cory Shepherd <coryshepherd1@hotmail.com>
Sent: Monday, 31 August 2026 10:59 AM
To: Chloe Taylor <Chloe.Taylor3@health.qld.gov.au>
Cc: Jacqui Roberts <Jacqui.Roberts@health.qld.gov.au>; emily.petering@together.org.au
Subject: Cory Shepherd (388372) — application for long service leave and annual leave, and request for AVAC to be processed today

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Dear Chloe,

I am writing to apply for leave and to ask that the AVAC be processed today. I have copied Jacqui Roberts.

1. MY POSITION

I have not been working since 3 July 2026. I have received no wages since 13 July 2026.

On 3 July 2026 Dr Ma completed the Employee Capability Checklist on Metro South's own form. It certifies me fit with restrictions and records that usual switchboard operational duties remain suitable. I have remained ready and available to work within those restrictions throughout, and I remain so now.

My pay advice of 12 August 2026, for the fortnight 20 July to 2 August 2026, records me as on "NP Sick Leave" for 76 hours with gross pay of $0.00. I did not apply for sick leave and I am not unfit for work.

2. WHAT I APPLY FOR

In the interim, and so that my entitlements can be processed, I apply as follows:

- Long service leave, on full pay, from 13 July 2026 being the date from which I have received no wages through to the current date and continuing; and

- when my long service leave entitlement is exhausted, annual leave, to commence immediately from that point and to continue until further notice.

To the extent that any absence over that period has already been recorded as unpaid sick leave, I ask that the coding be corrected and replaced with the leave applied for above.

I confirm I am not applying for personal leave, as I am not unfit for work.

3. THE AVAC

I ask that the AVAC be submitted and processed today, and that I be given the reference number once it has been done, together with confirmation of the pay run in which the payment will be made.

I ask this because of the financial position set out below, and because the cut-off for the next available pay run is imminent.

4. THIS APPLICATION IS MADE UNDER PROTEST, AND SUBJECT TO RE-CREDIT

This application is made under protest and without prejudice to my position, and on the following express basis:

- I remain ready, willing and able to work within the restrictions recorded in the Employee Capability Checklist of 3 July 2026, and I have been since 3 July 2026;

- I apply for this leave only because I have received no wages since 13 July 2026 and no payment has been made to me in the interim;
- my concerns regarding pay, the leave debited since 3 July 2026, and the adjustments recorded in the Employee Capability Checklist of 3 July 2026 remain unresolved and in dispute, and nothing in this application resolves, waives or narrows any of them; and
- I ask that the leave taken under this application be re-credited to me in the event that wages are paid, or found payable, for any part of the same period, or in the event that the recording of my absence over that period is later corrected or determined otherwise.

I make this application on the understanding that it does not prevent that outcome, and I reserve my position in full.

5. FINANCIAL HARDSHIP

I want to be plain about why I am asking for this to be done today rather than in the ordinary course.

I have had no income since 13 July 2026. As a consequence I have had to give up my accommodation. I am not raising this to make a point; I am raising it because it is the reason for the urgency, and because I would rather tell you than have it become apparent later.

If there is any mechanism available for an urgent or off-cycle payment in cases of financial hardship, I would be grateful if you could tell me and I will apply for it.

6. IF ANY PART OF THIS CANNOT BE ACTIONED

If any part of this application cannot be actioned today, could you please let me know today which

part, and why, and when it will be actioned. A short note is entirely sufficient.

Thank you for your assistance.

Kind regards,
Cory Shepherd
Employee number 388372
0417 400 227
coryshepherd1@hotmail.com

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